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MALE AND FEMALE HOSPITAL FOODSERVICE ADMINISTRATORS:
JOB SATISFACTION, ROLE CONFLICT AND AMBIGUITY AND
ORGANIZATIONAL AND PROFESSIONAL IDENTIFICATION

by

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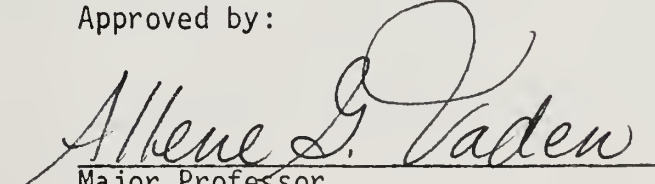
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INTRODUCTION

According to Wiggins and Steade (1), the importance of meaningful work in the lives of most Americans will make the work environment and job satisfaction increasingly significant priorities in organizations. Friedlander (2) stated that growing numbers of studies have been concerned with an examination of the underlying sources of job satisfaction in work organizations. Kornhauser (3) asserted that job satisfaction is not only important to the work situation, but has been found to be important to a person's entire life adjustment and quality of life.

Many studies have examined a number of variables related to job satisfaction. Ronan (4) related that the most frequently mentioned dimensions of job satisfaction are: (a) the content of the work, (b) supervision, (c) organizational variables and management style and philosophy, (d) opportunities for advancement, (e) pay and other financial factors, (f) coworkers, and (g) working conditions. Two factors that have been associated with low job satisfaction and dysfunctional behavior in organizations are high levels of role conflict and role ambiguity (5, 6). Shapiro and Stern's (7) comparisons of male and female professional workers indicated that over 90 per cent of the males were satisfied with their positions, while approximately 80 per cent of the females were satisfied. Weaver (8) examined the effects of occupational categories on job satisfaction. His measure of job satisfaction was based upon one question developed by the National Opinion Research Center in 1972, "how satisfied are you with the work you do." In this particular study the construct, "work you do," was intended to mean job. Weaver found

statistically significant differences between the managers and administrators and between professional and technical occupational categories in preferences for high income and for the importance and meaningfulness of work.

According to Hadd (9), the increasing level of occupational specialization has brought with it a corresponding increase in the number of occupationally-oriented voluntary organizations of professional associations. The role such organizations play for their membership and in the public policy process is varied and overlapping, in that at one time or another these organizations may serve as vehicles for social intercourse, personal development, interchange of ideas and practices, and protection of the special interests of their members. The extent to which managers are affiliated with, and involved in, professional organizations may be an indicator of their orientation toward the broader society, and may be taken as a proximate indicator of the potential for the manager's exposure to new ideas and approaches. Approximately one-third of the management group in Hadd's study (9) reported no professional affiliation, while about one-fourth reported membership in three or more professional organizations with top level management reporting more memberships than lower level managers.

According to Rotondi (10), organizational identification, or the process whereby individuals identify with their employing organization, provides organizations with a number of important benefits, including goal commitment and goal achievement. Brown (11) stated that identification with an organization has been found to affect job satisfaction in a positive manner. It follows that individuals will identify with an

organization only if they see their membership in it as relevant to the factors they consider important to job satisfaction.

Professional employees hold membership in both professional organizations and work organizations. Those who are oriented externally, toward professional organizations, have been classified as cosmopolitans and those who are oriented toward the work organization have been classified as locals. Merton (12) introduced the terms cosmopolitans and locals in an exploratory investigation of community influentials. Those oriented to the world outside the local community were classified as cosmopolitans, those oriented toward the community, as locals (13). Gouldner (14) applied the terms to a group of professionals within the framework of a formal organization. Goldberg (15) identified cosmopolitanism with professionalism and localism with bureaucratic orientations. Professionals are oriented toward seeking status within their professional group, have a deep commitment to their specialty, are strongly committed to distinctive professional ideology, and seek approval and recognition of peers outside as well as inside the organization. The locals primary loyalty is to the organization for which they work. They see advancement up the managerial hierarchy, identify with organizational goals and values, and seek recognition primarily from their organizational superiors (16).

The purpose of this study was to examine job satisfaction, organizational identification, role conflict, and role ambiguity of hospital foodservice administrators. One objective was to compare findings among males and females in similar administrative positions in order to study differences that may exist. A second objective was to study relationships among these variables. The effects of demographic factors other

than sex were analyzed to study the influence they might have as moderators in the relationships.

Literature topics reviewed relevant to the study included: job satisfaction, role conflict and ambiguity, organizational identification, and selected studies of hospital foodservice administrators.

REVIEW OF LITERATURE

Job Satisfaction

Job Satisfaction Defined

Beer (17) defined job satisfaction as the attitude of workers toward the company, their job, their fellow workers, and other psychological objects in the work environment. Smith et al. (18) described job satisfaction as feelings or affective responses to facets of the job; whereas Ivancevich and Donnelly (19) defined it as the favorable viewpoint of the worker toward the work role he or she presently occupies.

Herzberg (20) defined job satisfaction in terms of his two-factor theory. He stated that the factors involved in producing job satisfaction are separate and distinct from the factors that led to job dissatisfaction. Thus, the opposite of job satisfaction would not be job dissatisfaction, but rather, no job satisfaction. Herzberg contended that job satisfaction is made up of two unipolar traits. The primary determinants of job satisfaction are intrinsic aspects of the job called motivators; whereas the primary determinants of job dissatisfaction are extrinsic factors called hygienes. Examples of motivators are achievement, recognition, work itself, responsibility, and advancement. Hygiene factors are company policy and administration, supervision, salary, interpersonal reactions with coworkers, and working conditions.

Job Satisfaction and Performance

Sheridan and Slocum (21) stated that the relationship between job satisfaction and job performance has been investigated extensively over

the past several decades. From a review of literature they suggested two rival hypotheses regarding the direction of the causal relationship between job satisfaction and performance: (a) that job satisfaction is the determinant of job performance such that past job satisfaction caused present job performance or (b) that job satisfaction is the effect of job performance. Schwab and Cummings (22) stated that it is the hypothesized connection between employee satisfaction and job performance which has generated the greatest research and interest. Their review of literature revealed three major points of view to be considered: (a) satisfaction leads to performance; (b) satisfaction-performance relationship is moderated by a number of variables; and (c) performance leads to satisfaction. Locke (23) stated that the effect of performance on satisfaction is viewed as a function of the degree to which performance entails or leads to the attainment of the individual's important job values. It is argued that performance is the direct result of the individual's specific task or work goals and that these goals are, in turn, determined by the individual's values.

Job Satisfaction and the Quality of Work Life

Walton stated (24) that "quality of work life" is no longer simply an issue of compensations and benefit programs, more and more it involves the human factors of work. It has come to mean far more than the needs satisfied by the forty-hour week, workmen's compensation laws, job guarantees, equal employment opportunity, and job enrichment schemes. For example, Blauner (25) stated that work remains the single most important activity in terms of time and energy, and that the quality of work life affected the quality of life in general.

Wiggins and Stead (1) stated the importance of meaningful work in the lives of most Americans will make job environment and job satisfaction increasingly significant priorities. Walton (24) purported that one aspect of the "quality of work life" is the belief that there is a widening gap between the norms of different life styles and the economically supportable standard of living. This belief is based on the assumption that inflation and rising costs of energy, natural resources, shelter, and food will continue to erode personal disposable income (24, 26). If one follows this belief, then one's quality of life will depend on an acceptable level of total-life pattern that includes increased satisfaction in the job (work) segment (1).

Kavanagh and Halpern (27) stated that it is usually assumed that a man's needs are fulfilled to a great extent in the work role, since societal norms indicated that the male's job should be a significant part of his life. On the other hand, society has expected the woman's need-fulfillment to come from the home, thus career-versus-marriage and mother-versus-worker role conflicts may become operative in the lives of employed women. Job roles have been assumed to satisfy different needs for males and females in terms of total life roles. Results from a study conducted by Brayfield et al. in 1957 (28) indicated that job satisfaction and general life satisfaction were positively and significantly related among the males; no significant relationships were obtained among the females. Using the Brayfield scales, Kavanaga and Halpern (27) found in 1977 that differences among males in the two studies were minor, while the female sample reported strong and significant relationships between their attitudes about their job and their life. These results were explained by the fact that the women's movement of the

1970's has changed societal norms and expectations of both men and women concerning the status of women in today's society and organizations.

Organizations may need to accommodate to the assumed differences between men and women as well as those between individuals (1, 24). Nemiroff and Ford (29) proposed that a proper match between individual characteristics and organizational structure can promote greater human fulfillment. This greater fulfillment in the work environment should meet the individual's needs as a person and as a worker, thus giving men and women a free and informed choice concerning some of the variables related to the quality of work life.

Measures of Job Satisfaction

Research findings over the past years have demonstrated that job satisfaction is a measurable human characteristic and that it is important to people in their work (4). In general, job satisfaction is a complex of many interacting factors. These complex interacting factors make it necessary to conduct complex multivariate studies (30).

The task of relating the findings of job satisfaction studies has become increasingly difficult because of the variety of methodologies employed by investigators. Studies in job satisfaction have utilized different techniques of statistical analysis. As a consequence of the variety of methods and analysis there is little agreement on the number or kind of factors involved in job satisfaction (31).

Schwab and Commings (22) stated that the use of standardized research instruments is necessary to sample the variety of work environments in a meaningfully comparable fashion. Some of the better known instruments include: Smith et al.'s Job Descriptive Index, Kornhauser's

Index of Job Satisfaction, Dunnette et al.'s Factors for Job Satisfaction and Job Dissatisfaction, SRA Attitude Scale, Carlson et al.'s IRC Employee Attitude Scales, Morse's Index of Employee Satisfaction, Johnson's Job Satisfaction Scale, Schletzer's Job Dimensions Blank, and Brayfield and Rothe's Job Satisfaction Index (32).

Components of Job Satisfaction

Pay. While satisfaction with salary by no means encompasses the entire spectrum of satisfactions, it involves a critical aspect of one's working life according to Klein and Maher (33). Herzberg (20) stated that pay is a hygiene factor; therefore it may prevent job dissatisfaction but will not produce job satisfaction. This was also found to be true in studies conducted by Dunnette et al. (34) and Weaver (8).

Scanlan (35) argued that wages make a positive contribution to job satisfaction. He further indicated that if wages are to contribute to job satisfaction, the size of the increase given must be significant, given voluntarily, and earned in the sense that it reflects high levels of accomplishment. Porter and Lawler (36) suggested that job satisfaction is related to the extent to which the rewards actually received meet or exceed the perceived equitable level of rewards for comparable effort. Pritchard et al. (37) found that employees who were either underpaid or overpaid were less satisfied than employees who perceived they were being equitably paid.

McClelland (38) defined money (pay) as a symbol representing one of the more important psychological factors in the work situation. Also, he stated that men seek financial reward, not for its own sake, but because it indicates to them how well they are doing. Managers mistakenly think

money motivates them; when it may be more important as a measure of accomplishment. Various studies have shown that another aspect in determining pay satisfaction is the important groups with which the individual compares himself or herself (39-41).

Lynn and Vaden (42) found that satisfaction with pay was highly related to age group among public administrators. Those least satisfied with their pay were the middle-age-groups while the most satisfied were the younger, less experienced workers. Shapiro and Stern (7), in a study done on professionals in a public service organization, found that professional men were more satisfied with their pay than were professional women. Salary data were not reported, however; actual differentials may have been the source of dissatisfaction.

Klein and Maher (33) presented evidence which suggests a negative association between education and pay. According to their research, a higher level of education brings with it a tendency to be more dissatisfied with one's earnings; whereas Lawler and Porter (43) stated that higher educated managers were not less satisfied with their pay than were lower educated managers. Penzer (44) stated that when using an internal salary criterion, college educated employees react to their salaries no differently from non-college educated when evaluated on the basis of present duties and responsibilities. This suggested a compromise between the conclusions reached by Klein and Maher (33) and Lawler and Porter (43).

The importance of pay can vary considerably from job to job. The major difficulty in assessing its relation to job satisfaction is that it is confounded with other variables, such as age, occupational level, and education (45). Sauser and York (46) found that when these variables

were ignored women were slightly, but not significantly, more satisfied with pay. When the effects of these variables were statistically controlled, women were significantly more satisfied with pay. These results were also found by Hulin and Smith in a study conducted in 1964 (47).

Promotion. Friedlander (2) found that promotion can be tied to satisfaction if the promotion is recognized or interpreted as a reward for achievement. Weaver (8), in a study of white and blue collar workers, found that for white collar workers chances for advancement were of more concern than for those less educated with lower incomes. Scientists and engineers tended to depict promotion as a symbol of extrinsic worth far more than as a symbol of intrinsic growth (48).

Supervision. Scanlan (35) indicated that the nature of supervision is one of the primary determinants of job satisfaction. Data from Lynn and Vaden (42) showed that inexperienced people were most satisfied with their superiors and that as they grew older and gained experience they became disillusioned. This trend was reversed at the age of 45, but satisfaction with supervision never reached the highest level experienced at the outset of careers.

Finley and Pritchett (49) described the "new breed" of managers as operating out of a value system quite different from that characterizing the traditional management approach. Hubber (50) found that matching superiors and subordinates on personality and biographical variables will increase the subordinate's satisfaction with work. In general the more compatible the life style and interpersonal needs of supervisor and subordinate, the more favorable are the subordinate's attitudes toward the supervisor (51). Baird (52) found that individuals who were rated as

high performers by their superiors reported satisfaction with their supervision. Those individuals rated as low performers reported relatively less satisfaction with supervision.

Weissenberg and Gruenfield (53) found that the degree of job satisfaction varied with interpersonal relations with the superior. Alienation from work may be due to incorrect assumptions that supervisors make concerning the life styles and personalities of their subordinates. The evolving expectations of workers conflict with the demands, conditions and rewards of employing organizations in different ways. Sources of conflict that relate to supervision are: (a) lack of mutual influence patterns of management, (b) too much emphasis on material rewards and neglect of emotional aspects of the worker, and (c) too much emphasis on competitive reward systems (54).

Downey et al. (55) found that the supervisor's consideration was significantly related to the subordinate's favorable work attitudes, job satisfaction, and affective motivational paths in work situations. Satisfaction with supervision seems to be highest when a subordinate is receiving as much direction as he or she feels is necessary. Satisfaction with supervision also is associated with agreement as to the value the superior and subordinate place on freedom and independence (56).

Coworkers. In a study among public administrators, Lynn and Vaden (42) found that satisfaction with coworkers starts out relatively high in one's earlier years and steadily declines through middle age and then increases slightly toward retirement. It is only in later years when promotion is no longer a critical factor that attitudes toward coworkers begin to rise. With respect to hierarchical levels, people at the lower

levels tend to have less satisfaction with coworkers than do their higher-level counterparts.

Scanlan (35) stated that the kind of work group in which one is a member affects job satisfaction. The work group includes interaction between peers, attitudes of coworkers, group acceptance, and interaction to attain goals. Coworkers may be influential in assigning goals to the individual, but then performance will be a response to pressures of production (23).

Dimarco (51) studied the relationship between life style work group structure compatibility and life style compatibilities among coworkers. His findings related to satisfaction with coworkers suggested that the individual who places a high value on close interpersonal relationships with mutually derived and accepted group norms serving as the basis of control over behavior will show a high degree of satisfaction with coworkers. The coworker satisfaction is even higher if all members of the group indicate high values in this area. Coworker satisfaction is also high when there is compatibility concerning the belief that an individual's actions should be guided by his or her own experience and feelings.

The Work Itself. Friedlander and Walton (48) found that if the job involves functions intrinsic to the work process and content, it will appeal to positive motivations and serve as a potential satisfier. If the job involves functions peripheral and extrinsic to the work process, it will appeal to negative motivations and serve as a potential dissatisfier. Wernimox (57) and Ewen et al. (58) found that both intrinsic and extrinsic factors can be sources of both satisfaction and dissatisfaction,

but intrinsic factors are stronger in both cases. Gruin et al. (59) found that a greater satisfaction was derived from "ego satisfying" work and a more limited and less intensive satisfaction from extrinsic aspects of the job. Morse (60) found that in white collar workers the most intrinsic job satisfaction occurred among employees performing the most skilled tasks, while those doing repetitious tasks were the most dissatisfied. In a study among hospital dietitians, Calbeck (61) found the number of years in the profession was positively related to satisfaction with the work itself; also, directors of dietetics were more satisfied with their work than were dietitians in staff positions.

Demographic Variables and Job Satisfaction

Occupational Level. Fournet et al. (31) stated that satisfaction or morale increases as job level progresses and that different job levels allow for satisfaction of different needs. Gruin et al. (59) found that people in high status positions reported more ego satisfaction in their work than those in lower positions. Porter (62) contended that higher levels of employment offered more ego satisfaction, more status, pay, self-direction, and are enhanced by increased responsibility and authority. He found that the vertical location of management is an important factor in determining the extent to which managers can satisfy particular psychological needs. Those in lower management positions were more dissatisfied than managers in top level positions. Centers (63) stated that the majority of professional and white collar workers were satisfied with their job and that those in the higher level positions in their respective areas were most satisfied of all. Those who were dissatisfied complained most of low pay, poor profits, thwarted ambitions, lack of

possibilities for advancement, and feelings that their job did not utilize their complete abilities. In general those most dissatisfied were in lower level management positions.

Centers and Bugental (64) interviewed a selected cross-section of the working population with respect to their job motivations. They found that white collar workers consistently placed a greater value on intrinsic sources of job satisfaction and that blue collar workers consistently placed a greater value on extrinsic sources of job satisfaction. The job motivations of workers of higher occupational levels stemmed from the work itself, skill, and interest value of the work. At lower levels, job motivations were centered toward external factors of the work.

Tenure. Gibson and Klein (65) found significant negative relationships between tenure and overall satisfaction. They found that as tenure increased people tended to become increasingly disaffected, but only to a point. They offered three explanations for the negative relationship between tenure and satisfaction: (a) disconfirmed expectations of relatively hopeful, naive new employees occur, (b) acculturation into a "we-they" value system occurs, and (c) perceptions of favoritism occur as other people in the system are promoted. With increasing tenure, employees adjust their expectations in the direction of the real opportunities and returns from the job (66, 67).

Herzberg et al. (66) found tenure to have a U shaped relationship with job satisfaction; as tenure increased so did job satisfaction. Hunt and Saul (68) found the correlation between tenure and overall job satisfaction to be the greatest for workers under 25, especially female workers. Martin and Vaden (69) found that satisfaction with work had a

complex relationship with length of employment. Hospital foodservice workers employed less than six months and more than three years were more satisfied than workers employed from six months to three years. Cole's (70) results were similar in that he found employees with over five years service maintained positive attitudes towards their jobs, while workers with two to five years service maintained negative or dissatisfied attitudes.

Education. There is conflicting evidence regarding the effect of education on job satisfaction. Sinha and Sarma (71) found no significant relationship between education and job satisfaction and Gordon and Arvey (72) reported that satisfaction with the work itself does not vary according to the amount of formal education. The results from studies such as Vollmer and Kinney (73) and Sulkin and Prains (74) tend to indicate an inverse relationship between education and job satisfaction. The higher the worker's educational level, the more likely he or she is to report dissatisfaction with jobs; conversely, the lower the worker's educational level, the more likely he or she is to report high satisfaction (72).

Goodwin (75) stated that it is not surprising that the more educated worker shows greater job satisfaction than the less educated one, since the social system in the United States correlates education with status and the attainment of valued goods. He stated that even though less educated workers show less satisfaction, they are not dissatisfied with their work. Both groups see themselves moving from a lower level of satisfaction in the past, to a higher one in the present and even higher in the future.

Age. Herzberg et al. (66) purposed that there is a significant relationship between age and job satisfaction. Job satisfaction was found to be high when people started their first job, but declined until the late twenties or early thirties, when it began to rise. Once increased, it remained high for the remainder of the work force. Super (76) found what he called a "satisfaction cycle" which indicated that people are satisfied in their early 20's, somewhat dissatisfied between the ages of 25 and 34, and tend to be satisfied again thereafter. Results found in a follow-up study done by Hoppock (77) tended to substantiate the findings of Herzberg and Super. In a study done by Saleh and Otis (78) the results again showed the "satisfaction cycle" up to a point five years prior to retirement where job satisfaction began to decline. Tuckman and Lorge (79) also found that people after the age of 60 begin to find less satisfaction in active endeavors such as work. Hunt and Saul (68) found a strong correlation between age and overall job satisfaction for men; whereas the opposite was found for females.

Sex. Based on a sample of 295 male workers and 163 female workers, Hulin and Smith (47) presented data which indicated that female workers tended to be somewhat less satisfied with their jobs than were their male counterparts. In summarizing their results, they contended that it is not sex, per se, that is related to either high or low satisfaction, but rather that it is the entire constellation of factors which themselves relate to sex; such as pay, job level, promotional opportunities, and factors other than those unique to one particular sex (63). Scanlan (35) stated that situational variables lead to job satisfaction and they cannot be separated from individual personality variables. Therefore,

job satisfaction is a result of the interaction of the situational variables with individual personality variables. Findings of Zaleznik et al. (80) supported this position. They found that women who received the same pay and held the same social position as men were more satisfied than were men. According to Herzberg et al. (66) greater variability in the attitudes of women can be attributed to the multiple roles assumed by them when they take positions outside the home and also may depend on factors not relevant to men, such as the mother-versus-worker and career-versus-marriage role conflicts.

Weaver (81) found few significant sex differences among white workers for thirteen reported determinants of job satisfaction when the effects of a number of other variables were held constant. He stated that if the sexes are unequally affected by the determinants of job satisfaction, sex related differences can be expected to result.

Shapiro and Stern (7) used the Job Descriptive Index (JDI) to study male and female professional workers. Their results showed that professional men were more satisfied with their work than were professional women. Weaver (8) found that among white professional workers, 91.4 per cent of professional males were satisfied with their jobs, while only 77.8 per cent of the white females were satisfied. Among black professionals, he found 91.7 per cent of the males were satisfied and 88.9 per cent of the females were satisfied.

In a study among blue-collar workers, Hulin and Smith (67) found that male and female workers had different levels of satisfaction and exhibited different relationships with variables of job satisfaction. Centers and Bugental (64) found that men and women did not differ in their values related to intrinsic or extrinsic variables of job

satisfaction. Sex differences were seen in the value placed on self-expression (opportunity to use skill or talent) and compatible and competent coworkers. Men placed a slightly higher value on self-expression; whereas, women indicated a higher value on compatible coworkers. Shapiro and Stern (7) found that satisfaction with work and promotion was higher for males than females, whether the individual was a professional or a non-professional.

Marital Status. Morse (60) found that people who support themselves are more satisfied with salary and job status than are those who support themselves and others. The relationship between marital status and financial and job status suggested that the need for money and status is greater among the married than the single. In a study done on over 5,000 women, both black and white, it was found that marital status had little influence on job satisfaction. When occupational level was controlled, marital status did not appear to affect job satisfaction (82).

Role Conflict and Role Ambiguity

Individuals in complex organizations are constantly exposed to a variety of expectations from both themselves and others as they carry out their organizational roles according to Keller (83). Kahn et al. (5) developed a theory of role dynamics which concentrated on the presence of organizational stress developed from conflicting, incompatible, or unclear expectations in the work environment. Two main types of role stress defined were role conflict and role ambiguity. Studies indicated that role conflict and role ambiguity were associated with low job

satisfaction and dysfunctional behavior resulting from the stress and anxiety of role pressure (5, 6).

Role Conflict Defined

Role conflict is defined in terms of the dimensions of congruency-incongruency or compatibility-incompatibility in the requirements of the role, where congruency or compatibility is judged relative to a set of standards or conditions which infringe upon role performance (6).

Gullahorn (84) defined role conflict as the situation in which incompatible demands are placed upon the individual because of his or her role relationships with two or more groups. Kahn et al. (5) defined role conflict as the simultaneous occurrence of two (or more) sets of pressures such that compliance with one would make compliance with the other more difficult.

Role Ambiguity Defined

Role ambiguity is defined in terms of the availability and/or perception of information which treats the responsibilities and activities of the focal person's position. It is the level of clarity and/or accuracy of the focal person's perceptions of his or her role requirements (85). Rizzo et al. (6) stated that it is (a) the predictability of the outcome or responses to one's behavior, and (b) the existence or clarity of behavioral requirements, often in terms of environmental inputs, which guide behavior and indicate whether or not it is appropriate. Szilagyi et al. (86) defined role ambiguity as the lack of clarity or predictability one perceives in his or her work related behavior.

Role Conflict, Role Ambiguity, and Job Satisfaction

Evidence is conflicting as to whether role conflict and role ambiguity have a positive or negative relationship with job satisfaction. Results from a study by Keller (83) conducted among eighty-eight professionals, showed that role conflict was significantly related to lower levels of satisfaction for supervision, pay, and promotion. Correlations between role conflict and satisfaction with coworkers and the work itself were not significant. Role ambiguity had a highly significant and negative correlation with satisfaction from the work itself and also was related to satisfaction with coworkers, supervision, pay, and promotion, although not significantly.

In two separate studies conducted by Tosi (85, 87), role conflict was negatively correlated with job satisfaction, while role ambiguity was not significantly related to job satisfaction. Also, neither job threat nor anxiety were related to role conflict or role ambiguity. This indicated that if a position is dissatisfying, it is not related to high insecurity about the future of the job. Rizzo et al. (6) found a strong negative relationship between role ambiguity, role conflict, and measures of job satisfaction. They concluded that role ambiguity was more strongly related than role conflict to job satisfaction. These results were supported by House and Rizzo (88) in a later study. Their results showed that role ambiguity acted as an intervening variable, linking formal organizational practices and leadership behavior to organizational effectiveness, employee satisfaction, anxiety, and turnover. In a study done on medical personnel, Szilagyi et al. (86) found that for administrators, role ambiguity contributed most to satisfaction with pay,

supervision, and promotion. For the professionals, role conflict contributed most to satisfaction with pay, supervision, and promotion.

Dalton (89) classified executives as "strong or weak" according to the behavior they displayed in reconciling conflict. The "strong" executives had a high tolerance for conflict and carried little effects of job discord from the plant. The "weak" were fearful in conflict situations; they found difficulty acting without consulting superiors, adjusted to change slowly, and tended to involve colleagues in mistakes. Outside of work they failed in situations when confronted with conflicts and were considered complainers.

Organizational Identification

Increasing mobility, both social and geographical, has made it more difficult for people to identify with friends, family, and geographical locations according to Levinson (90). The institutionalization of personal and social services has further forced people to abandon personal contacts. Moreover, the increasing rate of technological development has weakened the traditional pride that occupational groups formally took in their work. Consequently, people are looking for a replacement for these lost models of identification and are beginning to find it in the organizations in which they work (91).

Rotondi (10) defined organizational identification as the process whereby individuals identify with their employing organizations. Organizational identification is based on several considerations: (a) a notion of membership; (b) current position of the individual; (c) a predictive potential concerning aspects of performance, motivation to work, spontaneous contribution, and other related outcomes; and (d) differential

relevance of motivational factors (11). Patchen (92) interpreted organizational identification as a behavioral phenomenon composed of three interwoven components: (a) a perception of shared characteristics with other organizational members; (b) a feeling of solidarity or belongingness with the organization; and (c) a demonstrated support of, or loyalty, to the organization. Kelman (93) stated that an individual identifies with a person or a group by accepting influence because they wish to establish or maintain a satisfying self-defining relationship with this person or group. Identification with an organization is likely where the organization constitutes a necessary site of an individual's activities and is an important source of relevant performance standards, or where there is a state of deficiency in the individual and the result, rather than the activity performed, is valuable to that individual (11).

Job Involvement

Job involvement is the degree to which a person is identified psychologically with his or her work or, the degree of importance of work in his or her total self-image. It is the internalization of values about the goodness of work or the importance of work to the individual (94). Dubin (95) stated that once a person internalizes a value, it becomes a guide for future behavior.

Lodahl and Kejner (94) described the job-involved person as one for whom work is a very important part of life, and is affected personally by his or her whole job situation: the work itself, company, coworkers, etc. The non-job involved person lives off the job and the core of his or her self-image is not greatly affected by the job.

Rabinowitz et al. (96), from a review of available literature, stated that in explaining an individual's level of job involvement, three possible sources of influence can be identified: (a) personal background and socialization, (b) job characteristics, and (c) a combination of job and personal factors. Ruh et al. (97), in a study of midwest plant employees, found that personal background, values, and job characteristics affect job involvement. Similar results were found in a study conducted by Siegal and Ruh (98). Lodahl and Kejner (94) found that job involvement was in part, a value orientation toward work learned early in the socialization process and not easily influenced by the immediate job situation. Job involvement, like satisfaction, bears a significant relationship to certain job characteristics; unlike satisfaction, however, involvement was positively related to self-rated effort (99). Job and personal factors such as, individual differences, pay, promotion, and tenure act more as moderators of job involvement than direct sources of influence.

Organizational Commitment

Sheldon (100) proposed that commitment is an attitude or orientation toward the organization which links or attaches the identity of the person to the organization. Kanter (101) defined commitment as the willingness of individuals to give their energy and loyalty to organizational systems which are seen as self-expressive. Therefore, individual commitment is the individual's acceptance of the goals and policies of an organization (102). More and Feldman (103) suggested that a "committed" employee is important to the organization in that he or she usually requires less supervision and is a better performer than an uncommitted

employee; also, in situations requiring individual decision making or crisis reaction, the committed employee usually behaves more predictably.

If one takes a cost-benefit approach to organizational commitment, the emphasis is on the bargaining or exchange relationships between the individual and the organization (104-106). Under this approach, the more favorable the exchange from the individual's viewpoint, the greater the commitment to the system; also, the greater the perceived rewards in relation to costs, the greater the organizational commitment (107). Becker (108) suggested that the greater personal commitment to the organization, the more one has at stake in the organization.

Grusky (109) found that organizational commitment increased with years spent in the organization. Herbiniak and Alutto (107) suggested that time invested becomes a valued resource itself, while privileges associated with length of service make it easier to derive additional organizational rewards. Age can reduce mobility by reducing the attractiveness of other organizations, and it implies the accrual of investments which can enhance the attractiveness of the employing organization and increase commitment to it (110, 111).

Alutto (112) indicated that the existence of on the job role tension and uncertainty causes an increased attractiveness of extraorganizational associations, consequently decreasing commitment to the work organization. According to March and Simon (111) an employee's perception of the desirability to leave an organization is a direct function of the level of that employee's satisfaction with his or her work role.

Job Design

According to Lawler and Hall (99) job design factors relate more strongly to satisfaction than to involvement. The more the job holder believes that he or she has control over what goes on, that a job allows creativity, and that the job is appropriate to his or her abilities, the more satisfied he or she will be. Although the relationships are lower for involvement than satisfaction, the more the job allows for creativity, use of skills and abilities, and has the flexibility so the individual can influence what goes on, the more the individual will be involved in the job.

According to Blake and Mouton (113), where management practices are oppressive, production-centered, and indifferent to the needs of individuals, creativity may be high, but anti-organizational. Also, commitment to the organization will be low, but may be high to outside organizations. Where concern for people is at a maximum and concern for production low, creativity will be low, but commitment, high. Where concern for production and people are both high, creativity and commitment both will be high because under this system people have a stake in what occurs and thus, will be committed.

Professionals Within Organizations

Commitment to an organization may be difficult for professionals because of prior commitments to their profession which may be more enduring than their commitment to the organization (100). Professional work requires considerable independence, but complex organizations require the coordination of professional work with other functions of the total

enterprise (114). Becker and Carper (115) found that identification with a profession (commitment) was related to three types of experiences:

(a) investments, particularly time spent in a graduate program;
(b) involvement with peers; and (c) development of technical interests and skills. They further stated that as the profession becomes more highly valued, one internalizes the ideology of the occupation and is thus motivated to pursue it further.

Barber (116) and Ritzer (117) hypothesized that organizations are making efforts to make organizational and professional goals congruent. Organizations are encouraging professional activities which generally result in professional identification and rewards by rewarding those who participate with salary advancement. These statements also are supported by Kornhauser (114) who indicated that organizations, in order to reduce conflict between organizational demands and professional demands, are increasing the use of professional incentives. From a study among college teachers, Thornton (118) concluded that professional and organizational commitments can be compatible. For this to occur the professional must perceive and experience an organizational situation as reaffirming and exemplifying certain principles of professional commitments.

Cosmopolitan and Local Orientations

The terms "local" and "cosmopolitan" have been used to characterize the differential attachments, loyalties, reference-group orientations, and values of organizational personnel (16). Goldberg et al. (16) stated that cosmopolitans or professionals are oriented toward seeking status within the professional group, have a deep commitment to their specialty,

are strongly committed to their distinctive professional ideology, and seek approval and recognition from peers. One's loyalty to his or her profession is the result of training, associations with individuals of the same profession, and pride in an occupation and its contribution to society (119).

Locals or organizationals primary loyalty is to the organization for which they work, they seek advancement up the managerial hierarchy, identify with organizational goals and values, and seek recognition primarily from organizational superiors (16). Organizational loyalty involves pride of association and a feeling of identity with, and participation in the accomplishments of the company according to Lee (119).

In the case of professionals, it can be argued that there are three contextual variables which modify the influence of reference group orientations on behavior: (a) career stage, (b) work environment, and (c) primary occupational role (managerial or technical). These three considerations lead to the expectation that managerial work should condition the relationship between reference group orientation and professional behavior (15).

Glaser (120) suggested that cosmopolitan and local can be seen as two dimensions of orientation within the same individual, each activated at the appropriate time and place as determined by the organizational structure within which he or she works. The dual orientation arises when there is a similarity of the professional goal and the goal of the organization; the distinction between groups of locals and cosmopolitans derives from a conflict between the two goals. Friedlander (121) stated that pure-type locals and cosmopolitans are rare and argued against a

single continuum with those at one end labeled as cosmopolitans and those at the other end as locals. Goldberg (15) stated that cosmopolitan and local orientations are identified as two separate reference group orientations for professionals. Within a professional group, these forces are creating pressures encouraging its practitioners to maintain and increase their expertise through close contact with the discipline, while simultaneously encouraging them to sustain their commitment to serving the interests of the organization.

Hospital Foodservice Administrators

Authorities (122, 123) in the field have indicated that the hospital foodservice administrators should participate in the establishment of performance standards for his or her department. The attainment of these standards depends upon the ability of the foodservice administrator to elicit superior performance from the members of their department. In order for the foodservice administrator to successfully perform as an administrator, he or she must possess certain interrelated knowledge, attitudes, skills, and the ability to delegate nonadministrative tasks to capable, skilled subordinates.

In terms of qualifications for the role of director of hospital foodservice the possession of a degree may be important in establishing prestige in horizontal relationships as it is a source of professional knowledge. Formal academic training is invaluable in laying the groundwork for administrative decision-making. A period of apprenticeship to a skilled foodservice administrator is desirable prior to accepting total departmental responsibility. Successful progression through a series of increasingly responsible jobs, or the combination of academic preparation

and experience culminating in recognition by the American Society for Hospital Food Service Administrators or The American Dietetic Association, is prima facie indication of basic qualifications for the senior position in hospital foodservice administration (122, 123).

The foodservice administrator must have a comprehensive knowledge of the principles of foodservice administration, general hospital administration, foodservice production techniques, and distribution and service systems to effectively represent his or her department as a part of the management team (122, 124). This person should serve in a top management role in relation to the foodservice system, a middle management role in relation to total enterprise operation, and in an advisory role in foodservice systems management to the top level administrator of the enterprise (125).

Recently many factors have influenced hospital administrators to turn to foodservice companies for the direction of their foodservice departments. As a result, dietitians are being challenged either to become more effective administrators or to relinquish managerial positions and serve only in therapeutic positions (124). Improved communication, increased emphasis on managerial functions and skills in the education of dietitians, advanced education in management directors of dietetics, and increased willingness to delegate to support personnel have been suggested for assisting dietitians in improving managerial performance (124, 126, 127). Since justification for the salary levels of dietitians must be based on performance of tasks equivalent to level of education, it has become necessary for concentration of the efforts of the highly educated professional on tasks which demand the highest level of skill and responsibility (128, 129).

In a study conducted by Gawdun (130), it was indicated that both foodservice directors and administrative dietitians can possess the qualifications necessary for a position as department head. The fact that a shift from administrative dietitian to foodservice director, or vice versa, was found to influence performance of the department suggested that positions will be available to both groups in the future (130). This means foodservice directors will be or are now competing for positions with administrative dietitians who will probably have more formal education.

METHODOLOGY

The Sample

Two samples of hospital foodservice administrators were identified from membership listings supplied by two professional associations, The American Dietetics Association (ADA) and the American Society for Hospital Food Service Administrators (ASHFSA). Since the key objective of the study was to contrast male and female responses to the variables of the research, this sampling scheme was necessary. The ADA membership includes only a small percentage of males; whereas, many members of ASHFSA are males..

The list supplied by ADA included Directors and Associate and Assistant Directors of hospital foodservice departments. All thirty-three males on the list were included in the sample; 260 of the 890 females were selected randomly. The list requested from ASHFSA consisted of only males in order to balance the sample of male and female hospital foodservice administrators. Six of the 200 names provided were excluded on the basis of position title. These men held regional or national level positions and therefore did not meet the constraints of the study, since the intent was to include only directors of hospital foodservice departments.

The Research Instrument

The instrument for this study consisted of a questionnaire, adapted from several other studies. There are eight sections to the questionnaire:

Section I, Job Dimensions Blank, a job satisfaction scale developed by Schletzer (131); Section II, organizational identification measures, developed by Patchen (40) as used by Lee and Litschert (132); Section III, role conflict and Section IV, role ambiguity developed by Rizzo et al. (6), as used by Lynn and Vaden (133); Section V, career strategies from an instrument used by Jauch, Vaden, and Vaden in a hospital management study (134); Section VI, organizational goal ratings adapted from Calbeck's study (61); Section VII, questions pertaining to professional affiliation adapted from Hadd (9); Section VIII, biographical information about the respondent and the employing hospital. Since the study consisted of standardized or previously tested scales and standard survey methodology, a pilot study or pretest was not considered necessary. A copy of the instrument can be found in Appendix A.

Section I

The Job Dimensions Blank (JDB) attempts to measure general job satisfaction by assessing reactions to a number of job components, not all of which are applicable to each person's job. Inapplicable items are disregarded in the person's final score. The respondent is asked to rate sixty-two aspects of his or her job as to whether he or she is satisfied (S), dissatisfied (D), not sure about an aspect (?), or whether he or she feels that aspect is not applicable. In developing this list of dimensions, Schletzer (131) relied heavily on the Kloster (135) study, the Eckert-Stecklein study (136), as well as the many factor analytic studies of job satisfaction. According to Robinson et al. (32), the JDB was developed for studies among professionals. The sixty-one items reported by Robinson were used in this study.

Section II

To measure organizational identification, Patchen's (92) procedure, as implemented in the study by Lee and Litschert (132) was used. The six variables were rated on a scale from 1 (lowest) to 5 (highest). Since organizational identification is a complex phenomenon, it is necessary to analyze multidimensional interdependent variables (132). These variables include such things as loyalty to the organization, defense of the organization to outsiders, pride in tenure in the organization, and support of organizational goals.

The first question in this section is relevant to one of the major aspects of organizational identification, the perception of similarity especially common goals and common interests with other organization members. Questions two through six are relevant to attitudes or behaviors directed toward close associations with, or support of, the organization.

Section III

This section of the questionnaire consisted of fifteen items which deal with role conflict (Table 1). According to Rizzo et al. (6), role conflict is defined in terms of the dimensions of congruency-incongruency or compatibility-incompatibility in the requirements of the role, where congruency or compatibility is judged relative to a set of standards or conditions which impinge upon role performance. Incompatibility or incongruency may result in various kinds of conflict: (a) conflict between the focal person's internal standards or values and the defined role behavior (items 2, 3, 14, 15). This is a person-role conflict or intrarole conflict of the focal person as he or she fills a single position or role. (b) conflict between the time, resources, or capabilities

Table 1: Role conflict items¹

item
number²

item

conflict between the focal person's standards and the defined role

- 2. I perform tasks that are too easy or too boring.
- 3. I have to do things that should be done differently.
- 14. I work on unnecessary things.
- 15. I perform work that suits my values.

conflict between focal person's time, resources and capabilities and the defined role

- 1. I have enough time to complete my work.
- 6. I receive assignments without the manpower to complete them.
- 8. I receive assignments that are within my training and capabilities.
- 9. I have just the right amount of work to do.
- 13. I receive an assignment without adequate resources and materials to execute it.

conflict between several roles

- 4. I am able to act the same regardless of the group I am with.
- 10. I work with two or more groups who operate quite differently.

conflicting expectations and organizational demands in policies

- 5. I work under incompatible policies and incompatible guidelines.
- 7. I have to buck rules or policies in order to carry out an assignment.

conflicting requests from others

- 11. I receive incompatible requests from two or more people.

incompatible standards of evaluation

- 12. I do things that are apt to be accepted by one person and not accepted by others.
-

¹Source (6).

²Item numbers are in sequence as they appear on the questionnaire.

of the focal person and defined role behavior (items 1, 6, 8, 9, 13), where another person in a related role generates the incompatibility. This may be viewed as intrasender conflict. It may also be organizationally generated. (c) conflict between several roles for the same person which require different or incompatible behaviors, or changes in behavior as a function of the situation (items 4 and 10). This is inter-role conflict for the focal person as he or she fills more than one position in the role system. (d) conflicting expectations and organizational demands in the form of incompatible policies (items 5 and 7), conflicting requests from others (item 11) and incompatible standards of evaluation (item 12).

Subjects were requested to respond to each role item, indicating the degree to which the condition existed for him or her, on a five point scale ranging from strongly disagree to strongly agree.

Section IV

This section of the questionnaire consisted of fifteen items which dealt with role ambiguity (Table 2). Subjects were requested to respond to each role item, indicating the degree to which the condition existed for him or her, on a five point scale ranging from strongly disagree to strongly agree.

Role ambiguity is defined by Rizzo et al. (6) in terms of: (a) the predictability of the outcome or responses to one's behavior (items 4, 7, 11, 14), and (b) the existence of clarity of behavioral requirements, often in terms of inputs from the environment, which would serve to guide behavior and provide knowledge that the behavior is appropriate (items 1-3, 8-10, 12, and 13). The items reflect certainty about duties,

Table 2: Role ambiguity items¹

item
number²

item

predictability of the outcomes in terms of behavioral requirements

4. I am corrected or rewarded when I really don't expect it.
7. I feel certain about how I will be evaluated for a raise or promotion.
11. I am told how well I am doing my job.
14. I do not know if my work will be acceptable to my boss.

existence or clarity of behavioral items

1. I feel certain about how much authority I have.
 2. Clear, planned goals and objectives characterize my job.
 3. There is a lack of policies and guidelines to help me.
 5. I know what my responsibilities are.
 6. I have to "feel my way" in performing my duties.
 8. I know that I have divided my time properly.
 9. I know exactly what is expected of me.
 10. I am uncertain as to how my job is related to other hospital tasks.
 12. I receive clear explanations of what has to be done.
 13. I have to work under vague directives or orders.
-

¹Source (6).

²Item numbers are in sequence as they appear on the questionnaire.

authority, allocation of time, relationships with others; the clarity of existence of guides, directives, policies; and the ability to predict sanctions as outcomes of behavior.

Section VI

This section focused on the goal emphasis aspect of organizational identification. Eight possible goals of a hospital foodservice were rated as not at all important, not very important, of moderate importance, very important, or extremely important (Table 3). Respondents also were asked to select the three goals that they considered as most important among the eight goals presented.

Table 3: Possible goals of a foodservice¹

Quality foodservice

Quality nutritional care for patients

Efficient low cost foodservice

Good staff-patient relationship

Active participation on health care team

Superior equipment and facilities

Involvement in community outreach programs (meals on wheels, nutrition classes, etc.)

Good relationships with employees

¹Adapted from Calbeck (61).

Section VII

The items in this section (Table 4) were designed to obtain information from respondents pertaining to the number and types of professional

organizations to which they belonged, attendance at professional meetings, and extent of professional reading.

Table 4: Items pertaining to professional organization affiliation

In how many professional organizations or associations do you currently hold memberships? Include memberships only in those organizations or associations which require the payment of dues or subscription fees.

Please indicate organizations to which you belong.

_____ American Society of Hospital Foodservice Administrators

_____ American Dietetic Association

Others, please list.

How many national conferences or conventions of the professional associations to which you belong have you attended in the past five years?

How many state or regional conferences or conventions of the professional associations to which you belong have you attended in the past five years?

In general, how frequently do you read the journals and other literature published by the professional associations to which you belong? (Please circle the appropriate number.)

None			Some			Always
1	2	3	4	5	6	7

Source: (9).

Section VIII

This section of the instrument was designed to obtain biographical information about the respondent and information about the employing hospital. Biographical information consisted of time employed in present position, time employed in institution, position title, sex, state lived in, years worked in foodservice management, years worked in management other than foodservice, income provider, weekly and daily amount of hours worked, salary, educational level, age, marital status, and employer.

Distribution of the Instrument

Of the 487 questionnaires distributed, 253 were returned from the first mailing. After the follow-up, a total of 310 responses (64 per cent) was received. Ten respondents who were no longer employed in hospital foodservice were excluded from the sample. A cover letter was sent with each survey instrument explaining the purpose of the study. Letters were individually typed on the "mag-card" typewriter to encourage response, since the questionnaire was dealing with some sensitive issues. A self-addressed, stamped envelope was enclosed to facilitate return of the questionnaire. Each questionnaire was numbered to identify non-respondents for follow-up purposes. Four weeks after the initial mailing, a follow-up letter and second questionnaire were sent to all non-respondents. Copies of the correspondence are in Appendix B.

Data Analysis

Frequency distributions were compiled for all items on the survey instrument. Means and standard deviations were computed as appropriate.

The primary objective of the research was concerned with comparisons of work related values and attitudes between male and female hospital foodservice administrators. Scores were computed for the following variables: job satisfaction, role conflict, role ambiguity, goal ratings, organizational identification, career strategies, and measures of professional orientation. Table 5 shows the computation of the scores for measuring these variables. The t-test for two independent samples was used to study differences in mean scores on these variables between males and females (137).

Table 5: Measures for assessment of work-related attitudes and values of hospital foodservice administrators

measures	section, items	computation of score
job satisfaction, measured by Job Dimensions Blank (JDB)	I 61 items	$100 + \left(\frac{N \text{ satisfied responses} \times 100}{N \text{ items relevant to job}} \right) - \left(\frac{N \text{ dissatisfied responses} \times 100}{N \text{ items relevant to job}} \right)$
role conflict	III 15 items	Σ of item scores Items reverse scored: 1, 4, 8, 9, 15
role ambiguity	IV 14 items	Σ of item scores Item reverse scored: 1, 2, 5, 7-9, 11, 12
organizational identification	II 6 items	Σ of item scores
patient care goal emphasis	VI 3 goals	Σ of ratings on goals b, d, e
foodservice goal emphasis	VI 3 goals	Σ of ratings on goals c, f, h
professional orientation	VII 4 items	Σ of responses on items 1, 3, 4, 5

Correlation coefficients were computed to study relationships between variables. Intercorrelations were computed among goal ratings, among organizational identification items, and among the scores listed in Table 5. To examine the relationships between the study variables and organizational tenure correlation coefficients were computed between each of the scores and years in present position and years employed at present institution.

The chi-square test was used to compare responses of males and females on the organization identification items. The chi-square was also used to compare responses on career strategy items.

RESULTS AND DISCUSSION

Survey Returns

Total response was 66 per cent after initial and follow-up mailings (N = 308). Nine instruments were not used because of incorrect or incomplete responses or because respondents were retired. Therefore, 64 per cent of the instruments (N = 299) distributed were used in the final analysis.

Demographic Characteristics of Sample

Demographic characteristics of the study sample are shown in Table 6. The male hospital foodservice administrators tended to be younger than the female hospital foodservice administrators. A larger percentage of the male administrators (60.5 per cent) were under forty, as compared to 34.0 per cent of the female administrators. The largest per cent of female administrators (40.4 per cent) were over fifty, while only 13.0 per cent of the male administrators were fifty or older. Compared to the female administrators, a greater number of the male administrators were married and were either the sole income provider or provided over two-thirds of the family income.

As a group, the female administrators had a higher educational level than the male administrators. Major fields of study for bachelor's degrees for most of the females were dietetics or nutrition, whereas the males majored in restaurant management, institutional management, or business most frequently. Of the female administrators all had at least

Table 6: Demographic characteristics of the study sample¹

characteristic	males		females	
	N	%	N	%
age				
20-29 years	24	16.9	24	15.4
30-39 years	62	43.7	29	18.6
40-49 years	39	27.5	40	25.6
50-59 years	14	9.9	55	35.3
60 or over	3	2.1	8	5.1
marital status				
married	118	83.1	83	53.5
not married	23	16.2	67	43.2
widow or widower	1	0.7	5	3.2
income provider for family				
sole	76	53.5	76	49.4
over two-thirds	49	34.5	17	11.0
less than two-thirds	17	12.0	61	39.6
educational level				
high school	3	2.1	-	-
technical institute	4	2.8	-	-
some college	6	4.2	1	0.6
college graduate (B.S.)	87	61.3	103	66.0
B.S. with some graduate credit	13	9.2	14	9.0
M.S.	28	19.7	38	24.4
Ph.D.	1	0.7	-	-
field of study for bachelor's				
dietetics	12	9.2	100	64.5
restaurant management	22	16.9	1	0.6
institutional management	25	19.2	15	9.7
business	24	18.5	-	-
nutrition	5	3.8	23	14.8
food science or technology	6	4.6	2	1.3
other	36	27.7	14	9.0

¹ N varies because of nonresponse. Total N = 143, males; 156, females.

Table 6: (cont.)

characteristic	males		females	
	N	%	N	%
field of study for master's				
dietetics	-	-	9	21.4
restaurant management	1	3.3	-	-
institutional management	8	26.7	6	14.3
business	7	23.3	1	2.4
nutrition	3	10.0	21	50.0
food science or technology	1	3.3	-	-
other	10	33.3	5	11.9

some college with 75.0 per cent of the women holding a Bachelor's degree or a Bachelor's with some additional graduate credit, and 24.4 per cent had a Master's degree. For the male administrators, 4.9 per cent had no college while 70.5 per cent were college graduates with a Bachelor's degree or a Bachelor's degree with some additional graduate credit and 19.7 per cent had a Master's degree.

Professional practice of hospital foodservice administrators is shown in Table 7. A significant difference was found in the number of years male administrators and female administrators have been employed by their present institutions, as well as in the number of years they have been employed in their present positions. Male administrators had been employed by their present institutions and in their present positions for a fewer number of years than the female administrators. Male administrators were younger than the female administrators, yet held comparable positions.

Table 7: Professional practice of hospital foodservice administrators

	males		females		t value
	mean	s.d.	mean	s.d.	
years in foodservice management	12.90 ± 7.12		14.06 ± 9.46		1.20
years in management (foodservice and other)	15.61 ± 8.52		14.71 ± 9.80		.85
years employed by present institution	5.90 ± 5.22		10.26 ± 9.02		5.16***
years employed in present position	4.96 ± 4.39		7.35 ± 7.34		3.43***

*** $P \leq .001$

Current employment of hospital foodservice administrators is shown in Table 8. The respondents were distributed fairly evenly throughout the nine regions defined by the American Society of Hospital Food Service Administrators. The largest percentage of the total sample held director positions and were employed in hospitals ranging from 101 to over 500 beds. The majority of male administrators (66.9 per cent) were employed in hospitals ranging in size from 301 to over 500 beds, whereas the largest percentage of the female (62.2 per cent) were employed in hospitals ranging in size from 301 to 500 beds. The majority of both sample groups was employed in hospitals in which the foodservice was controlled by the individual hospital. A larger percent of the male administrators was employed by contract companies than was true for female administrators.

Hours worked and salary levels of hospital foodservice administrators are shown in Table 9. Data indicated that of the male and female administrators who participated in this study, the female administrators worked significantly fewer hours per day and significantly fewer hours per week than their male counterparts. Annual salaries paid the male administrators were significantly greater than those paid the female administrators. The average salary of the males was approximately \$1400 greater per year than the average salary for the female administrators. Salaries reported for both groups, however, represented relatively high salary levels.

Job Satisfaction

Hackman et al. (138) reported that there are five core job dimensions or characteristics that measure jobs objectively and elicit high

Table 8: Current employment of hospital foodservice administrators

characteristic	males		females	
	N	%	N	%
position				
administrator	5	3.5	5	3.2
director	114	80.9	113	72.9
associate/assistant	10	7.1	16	10.3
administrative dietitian	12	8.5	21	13.5
size of hospital				
under 100 beds	4	2.8	13	8.3
101-300 beds	40	28.2	60	38.5
301-500 beds	46	32.4	37	23.7
over 500 beds	49	34.5	43	27.6
not presently employed in a hospital	3	2.1	3	1.9
geographic location ¹				
Region I. New York-Northern New England	14	9.9	7	4.5
Region II. Pennsylvania-Southern New England	23	16.3	21	13.5
Region III. Mideast	9	6.4	15	9.7
Region IV. Southeast	16	11.3	16	10.3
Region V. Michigan, Indiana, Ohio	15	10.6	30	19.4
Region VI. Minnesota, Wisconsin, Illinois	24	17.0	14	9.0
Region VII. Southwest	13	9.2	13	8.4
Region VIII. West-Midwest	18	12.8	13	8.4
Region IX. West	9	6.4	26	16.8
control of hospital foodservice department				
hospital	110	78.6	145	93.5
contract company	30	21.4	10	6.5

¹ Categorized by regions defined by the American Society of Hospital Food Service Administrators (refer to Appendix for listing of states by region).

Table 9: Hours worked and salaries of hospital foodservice administrators

	males (N=143)		females (N=156)		t value
	mean	s.d.	mean	s.d.	
hours worked per day	9.04 ±	.99	8.70 ±	.90	3.09**
hours worked per week	46.26 ±	6.59	43.26 ±	6.07	4.09***
annual salary	\$22,208.18 ± 5,608.76		\$20,814.65 ± 5,463.86		2.11*

* $P < .1$ ** $P < .01$ *** $P < .001$

levels of internal motivation; job satisfaction, and quality of work. The five core job dimensions are: (a) skill variety, the degree to which an individual performs activities that challenge skills and abilities; (b) task identity, the degree to which the job requires completion of a whole and identifiable piece of work; (c) task significance, the degree to which the job has an impact on the lives of other people; (d) autonomy, the degree to which the job gives the individual freedom, independence, discretion in scheduling work and determining how it's carried to completion; and (e) feedback, the degree an individual receives information about the effectiveness of his or her efforts.

Key sources of satisfaction and dissatisfaction of hospital foodservice administrative jobs are shown in Table 10. Frequency distributions of responses to all items on the Job Dimensions Blank are included on Table 29 in Appendix D. Data in Table 10 indicate that both the male and female hospital foodservice administrators have a relatively high degree

Table 10: Key sources of satisfaction and dissatisfaction of hospital foodservice administrative jobs

item	total group (N=299)	male (N=143)	female (N=156)
	%	%	%
sources of satisfaction ¹ (85% or more)			
opportunity to direct work of others	96.0	95.8	96.2
chance to see results of work	94.3	93.7	94.9
personal satisfaction of job well done	92.3	92.3	92.3
varieties of activities required	90.8	89.4	91.5
hours	89.9	92.3	87.7
chance to follow job through to its conclusion	89.6	88.7	90.4
opportunity to use initiative	88.9	87.3	90.4
opportunity to use learned skills	88.3	88.0	88.5
experience	87.8	87.2	88.2
chance to evaluate own work	87.6	88.0	87.2
administrative details of the job	87.2	90.8	84.0
opportunity to use aptitudes and abilities	87.2	88.0	86.5
opportunity to be your own boss	87.2	85.2	89.1
prestige in your profession	86.9	83.8	89.7
opportunity to use education	85.9	83.8	87.8
freedom to use own judgment	85.6	90.1	81.4
sources of dissatisfaction ² (20% or more)			
time for study in your field	32.8	26.2	38.7
opportunities for promotion	26.2	30.3	22.4
full credit for work done	23.9	19.0	28.4
your earnings	23.9	23.2	24.5
pressure on the job	23.2	15.5	30.3
chance to do research	22.2	23.2	21.3
prospects for a comfortable retirement	22.0	24.6	19.5
time for travel	21.9	19.9	23.7
recognition from your superiors	20.9	15.5	26.0
time for recreation	20.3	10.6	29.0

¹Items indicated as scores of job satisfaction by 85% of total group; items ordered from high to low.

²Items indicated as sources of dissatisfaction by 20% or more of total sample.

of satisfaction, in relation to the five job dimensions discussed by Hackman et al. (138). Satisfaction levels of task identity and feedback appear to be high. Approximately 92 per cent of all administrators indicated that they were satisfied with the degree to which they were able to see the results of their work as well as the degree to which they are able to follow a job through to its conclusion. High levels of satisfaction are indicated in the area of skill variety. Approximately 87 per cent of both the male and female administrators were satisfied with the degree to which they were able to utilize their professional and technical skills. Factors dealing with autonomy were selected frequently as sources of job satisfaction.

The most frequent sources of dissatisfaction were related to several aspects of quality of working life and the quality of life in general. The issues concerning quality of life relate to opportunities for community interaction, education, and leisure time (1). A number of the hospital foodservice administrators indicated dissatisfaction with several areas concerned with the quality of life in general (Table 10), such as time for study, prospects for comfortable retirement, and time for travel. The factors dealing with the quality of working life are the same as those affecting the quality of life in general and those that are job related such as promotional opportunities, salary, and recognition by both peers and superiors (1). Work-related sources of dissatisfaction indicated most frequently were concerned with recognition, earnings, and promotional opportunities. In a study concerning the relationship between the attitude of the individual towards the job and life in general, Brayfield et al. (28) found no significant relationship between the two

factors among women. They did discover that among males these two factors were significantly related.

Job aspects not present, or rated as not appropriate to hospital foodservice administrative positions, are presented in Table 11. Fifteen

Table 11: Job aspects not present or rated as not appropriate to hospital foodservice administrators' positions¹

item	total group (N=299)	male (N=143)	female (N=156)
	%	%	%
chance to do research	44.8	36.6	52.3
fun and relaxation with coworkers.	23.5	21.8	25.0
opportunities for promotion	17.4	14.8	19.9
competition	16.9	16.2	17.6

¹Includes items indicated as NA (not present in or not appropriate to job) by 15% or more of total group.

per cent or more of the hospital foodservice administrators indicated that the chance to do research, fun and relaxation with coworkers, opportunities for promotion, and competition were not present or not appropriate to their positions. Only the chance to do research was listed by more than 25 per cent. To measure overall job satisfaction, a composite score was computed as outlined by Schletzer (131) using the item ratings on the Job Dimensions Blank (JDB). Comparison of the mean job satisfaction scores indicated that there was no significant difference between the male and female administrators (Table 12). The mean score of the overall group of hospital foodservice administrators also was

Table 12: Scores of hospital foodservice administrators on Job Dimensions Inventory¹

	N	mean	s.d.	t value
males	143	167.58 ± 33.43		
females	156	165.43 ± 29.46		0.61

$$^1\text{Score} = 100 + \left(\frac{N \text{ satisfied responses}}{N \text{ items relevant to job}} \times 100 \right) - \left(\frac{N \text{ dissatisfied responses}}{N \text{ items relevant to job}} \times 100 \right).$$

compared with those of other professionals (Table 13). The hospital foodservice administrators score fell approximately midpoint in a ranking of JDB scores of those professionals in Schletzer's study. Further review of the data indicated that the three professional groups with scores higher than the foodservice administrators (lawyers, doctors, and dentists) were those professionals who are frequently self-employed, and therefore have a greater degree of autonomy than professionals employed by organizations. The three professional groups with the lowest scores in the Schletzer study (accountants, journalists, and engineers) are frequently employed in organizations, as is true of the hospital foodservice administrators. It is interesting to note that the score of the hospital foodservice administrators is closer to those of the three groups who tend to be independently employed professionals.

Data presented in tables in this section suggest a relatively high level of job satisfaction among both male and female hospital foodservice administrators. Results from a study conducted by Hulin and Smith (47) among a sample of 295 male and 163 female nonprofessional workers

Table 13: Scores of hospital foodservice administrators and other professionals¹ on the Job Dimensions Inventory

occupational group	mean	s.d.
lawyers	176.81 ± 24.22	
physicians	170.25 ± 29.26	
dentists	170.20 ± 20.02	
hospital foodservice administrators ²	166.57 ± 31.01	
accountants	157.04 ± 30.75	
journalists	150.50 ± 27.58	
engineers	147.81 ± 31.64	

¹Source: (133).

²Scale used in this study had 61 items, as reported in (31). Original form included 62 items.

indicate that female workers tended to be somewhat less satisfied with their jobs than were their male counterparts. The researchers contended that it was not sex per se that was the determining factor, but the entire constellation of variables dealing with jobs. This contention is supported by the results obtained in a study conducted by Weaver (8). His results showed that if environmental and societal influences are adjusted to affect both sexes equally, the variables studied in relation to job satisfaction will have similar effects upon both male and female workers. It was found that after these adjustments were completed, only occupational prestige, age, and work autonomy had significant direct effects on job satisfaction. In this study both male and female

administrators indicate a high degree of satisfaction with occupational prestige and work autonomy.

Neuse (139) found that work values ranked high by both male and female public administrators included: freedom to act independently, good fringe benefits, salary, and working conditions. The relatively high levels of job satisfaction in this study may be partially explained by Neuse's findings. Work values rated highly by professionals are aspects which appear to be characteristic of jobs in hospital foodservice administrators.

Perhaps these results were attributable to the similar positions held by both males and females. Also, females have traditionally held top positions in hospital foodservice, which is not characteristic of many other industries.

Role Conflict and Role Ambiguity

In complex organizations, individuals' expectations for themselves and others can be either compatible or incompatible with their own beliefs. Those expectations which are incompatible because of either being unclear or conflicting can result in role conflict and/or role ambiguity. The existence of high role conflict and/or role ambiguity in organizations frequently results in dysfunctional individual behavior and negative organizational consequences (6, 83, 88).

As shown in Table 14, there were no significant differences in the levels of role conflict and role ambiguity between male and female hospital foodservice administrators, and the levels were relatively low. In previous studies concerning role conflict and role ambiguity and their relationship to job satisfaction, a strong negative relationship has been

Table 14: Role conflict and role ambiguity scores of hospital foodservice administrators

score ¹	male (N=143)		female (N=156)		t value
	mean	s.d.	mean	s.d.	
role conflict	40.22 ± 8.82		39.69 ± 8.01		0.55
role ambiguity	33.52 ± 8.54		34.03 ± 9.28		0.49

¹Maximum score: role conflict, 75
role ambiguity, 70.

found (6, 83, 88); i.e., high scores on role conflict and role ambiguity measures have been associated with low levels of job satisfaction. This relationship between role conflict and role ambiguity with job satisfaction is supported by studies conducted by Rizzo et al. (6) and Kahn et al. (5). The data in Table 14 show that the scores of both the male administrators and female administrators are low in respect to the levels of role conflict and role ambiguity. Interrelationships between job satisfaction and role conflict and role ambiguity among hospital foodservice administrators will be discussed in a later section. Responses to individual items on the role conflict and role ambiguity scales are shown in Tables 30 and 31 (Appendix D).

Organizational Identification Measures

Goal Ratings

Eight possible goals of a hospital department of nutrition and dietetics were rated by the foodservice administrators. Also, respondents were asked to indicate three of the most important. Three goals

were related to patient nutritional care and health care team participation and were classified as patient care goal emphasis. Three others were directly concerned with management of the foodservice system and were classified as foodservice goal emphasis. One of the remaining two goals was a general goal related to both foodservice and nutritional care and the other was related to community outreach. Identification with organizational goals has been listed as an important factor in organizational commitment of the individual. Goal rating analysis was concerned with the aspect of organizational identification among hospital foodservice administrators.

There was a significant difference found on the importance rating of two of the three goals pertaining to patient care (Table 15). Female administrators placed a greater degree of importance on the value of good staff-patient relationships and on active participation on the health care team than did the male administrators. There were no significant differences in the importance ratings of the other goals. The male and female administrators were in agreement on which two goals should receive the highest rating and which two goals should receive the lowest rating. Quality foodservice and quality nutritional care received the highest importance rating of both male and female administrators. Superior equipment and facilities and involvement in outreach programs received the lowest importance ratings of all eight goals.

Both the male and female administrators indicate a high percentage of agreement on the priority rating of possible hospital foodservice goals (Table 16). Both groups were in agreement concerning which three of the eight goals should receive the highest priority ranking. Over 88 per cent of the total sample selected quality foodservice as the goal

Table 15: Importance ratings of hospital foodservice goals¹

goal	males (N=143)		females (N=156)		t value
	mean	s.d.	mean	s.d.	
quality foodservice	4.67	± 0.58	4.66	± 0.59	0.07
quality nutritional care for patients	4.50	± 0.77	4.60	± 0.71	1.15
good relations with employees	4.41	± 0.73	4.46	± 0.64	0.63
good staff-patient relationship	4.30	± 0.69	4.51	± 0.64	2.67**
efficient low cost foodservice	3.94	± 0.85	3.85	± 0.83	0.86
active part on health care team	3.81	± 0.99	4.05	± 0.98	2.11*
superior equipment and facilities	3.51	± 0.93	3.45	± 0.95	0.51
involvement in outreach programs	3.21	± 0.93	3.16	± 1.09	0.42

¹Scale = 1, not at all important to 5, extremely important. Ordered from high to low by mean scores from male sample.

* $P \leq .05$

** $P \leq .01$

Table 16: Hospital foodservice goal priorities¹

goal	% selecting in priority rankings ²		% selecting as very or extremely important ³	
	male	female	male	female
quality foodservice	90.2	86.5	94.4	96.2
quality nutrition care for patients	71.3	84.6	86.0	90.4
good relations with employees	45.5	46.2	89.5	92.3
efficient low cost foodservice	42.7	16.7	69.0	52.6
good staff-patient relationship	22.4	28.2	89.6	94.9
active part on health care team	13.3	28.2	64.4	77.6
superior equipment and facilities	5.6	3.9	53.5	47.7
involvement in outreach programs	4.9	3.9	37.8	38.5

¹Ordered from high to low by percentage of male sample.

²Respondents were asked to select 3 of the 8 goals as those most important.

³Respondents rated each goal as 1, not at all important; 2, not very important; 3, of moderate importance; 4, very important; or 5, extremely important.

which should receive the overall highest priority ranking. Some disagreement was evident concerning the goal of effective low cost foodservice. The percentage of male administrators (42.7 per cent) who selected this goal as one with top priority was greater than the percentage of female administrators (16.7) selecting the efficiency goal as one of the top three goals. Female dietitians, as reported by Calbeck (61), selected quality nutritional care as the goal which should receive the highest priority ranking and quality foodservice as the second highest.

These data were interesting when compared with those of Table 5, which showed that the major fields of study for the Bachelor's and Master's degrees of the female administrators were predominantly dietetics and nutrition. These health based fields would tend to place more emphasis upon the nutritional and general health care of the individual patient than the more business related educational backgrounds of the male administrators.

Intercorrelations among goal rating scores are listed in Table 17. Significant positive correlations were found between all scores, although several coefficients were fairly low (.25). Relatively high correlations (.50 and above) were found between the emphasis placed on several goals: quality nutritional care and quality foodservice (.58); participation on the health care team and good patient-staff relationships (.51); and superior equipment and participation on the health care team (.50). Quality foodservice had correlations below .30 with foodservice related areas; low cost foodservice (.10); superior equipment and facilities (.28); and good employee relations (.28). Quality nutritional care had correlations above .35 with patient care goals: good staff-patient relationships (.39); community outreach (.36); and participation

Table 17: Intercorrelation of goal ratings

goal	a	b	c	d	e	f	g
a. quality foodservice							
b. quality nutritional care	.58						
c. low cost foodservice	.10	.12					
d. good patient-staff relationship	.41	.39	.19				
e. participation on health care team	.40	.50	.24	.51			
f. superior equipment and facilities	.28	.28	.18	.37	.50		
g. community outreach	.23	.36	.13	.30*	.36	.26	
h. good employee relationships	.38	.37	.12	.43	.46	.37	.38

on the health care team (.50). Low cost foodservice showed correlations below .25 in relation to all other goals. Good employee relations had correlations above .40 with good staff-patient relationships (.43) and participation on the health care team (.46), but below .40 with quality foodservice (.38).

The data from the goal analysis indicate the concern of the hospital foodservice administrators on patient care and overall quality goals. Offering the patient good quality food and nutritional care had a higher degree of importance than controlling the operating costs of the foodservice. Perhaps cost efficiency was seen as a dimension of quality foodservice.

Foodservice and patient care goal emphasis scores are compared for male and female hospital foodservice administrators in Table 18. There was a significant difference in the mean scores of male and female administrators on the factors dealing with patient care goal emphasis. Female administrators placed a greater emphasis on patient care goals, but both male and female administrators indicated a stronger emphasis on these goals than on the foodservice goals. Data from this table (Table 18) support the correlations between the patient care goals and the foodservice goals shown in Table 17.

Table 18: Goal emphasis scores of hospital foodservice administrators

goal emphasis score	males (N=143)		females (N=156)		t value
	mean	s.d.	mean	s.d.	
foodservice goal emphasis ¹	11.84 ± 1.69		11.76 ± 1.73		0.42
patient care goal emphasis ²	12.62 ± 1.93		13.16 ± 1.92		2.44*

¹Σ of importance rating goals b, d, e.

²Σ of importance rating goals c, h, f.

* $P \leq .05$

Perceptions of Common Interests

Patchen (92) stated that perceptions of common organizational interests between management and employees were an important aspect of organizational identification. The first in section II of the research instrument measured these perceptions among hospital foodservice administrators. As shown in Table 19, there were no significant differences found between the male and female administrators.

Table 19: Perceptions of hospital foodservice administrators of common organizational interests

perceptions ¹	males (N=143)	females (N=156)	χ^2		
	%	%			
agree completely with B	5.0	3.3			
agree more with B than A	19.1	19.1			
agree equally with A and B	5.7	9.2			
agree more with A than B	43.3	47.4			
agree completely with A ²	26.2	21.1	3.91n.s.		
	mean	s.d.	mean	s.d.	t value
mean score ³	3.69 ± 1.21		3.64 ± 1.11		0.37n.s.

¹Agreement with:

A. The relations between management and employees here are much different than in other organizations because in this organization both are working toward the same goal of providing the best possible services to the patient/client.

B. Relations between management and employees here are not very different than in other organizations where management looks out for the organizations interests and employees have to look out for their own interests.

²Agreement with A = greater organization identification.

³Scale = 1, agree completely with B to 5, agree completely with A.

Perceptions related to A are associated with the perception of similarity, common goals and common interests between members of organizations, and agreement with this goal indicates a high degree of organizational identification. Perceptions related to B are more closely associated with factors that stress conflict of interests resulting in low organizational identification (92). Over 23 per cent of the total group indicated a high level of organizational identification by agreeing completely with A, while the largest percentage, over 45 per cent of the entire group of male and female administrators, agreed more with A than B. This agreement indicates that as a group, the hospital foodservice administrators had a strong degree of identification with their employing organizations on this measure. Only a small percentage (4.2 per cent) agreed completely with B, indicating an extremely low level of organizational identification.

Other Organizational Identification Measures

Responses of hospital foodservice administrators on the five other organization identification items on the research instrument are listed in Table 20. When offered a choice of beginning work over again in the same or a different organization, over 70 per cent of the total sample indicated that they would definitely or probably choose to work in the same organization again. This is supported by the number of years individuals had been employed in their present institutions (over 8 year average for the total sample). Patchen (92), in the study among Tennessee Valley Authority employees, found that 77 per cent of those studied would be likely to begin over again in the same organization.

Patchen (92) reported that individuals in upper level managerial positions, as a group, tended to be more angered over criticism leveled

Table 20: Responses of hospital foodservice administrators on organization identification items

item	males	females	χ^2	item score	
				male	female
	%	%		mean s.d.	mean s.d.
If you could begin working over again, but in the same profession, how likely would you be to choose this organization as a place to work?					
				3.86 ±1.17	3.90 ±1.14
			1.50		
definitely would choose another place probably would choose another place would not care whether it was here or someplace else probably would choose this organization definitely would choose this organization	4.2 13.4 10.6 35.9 35.9	3.2 12.2 14.1 32.1 38.5			
How would you feel when you hear someone criticizing your organization?				3.26 ±1.10	3.45 ±0.96
I mostly agree with the criticism it does not bother me it makes me a little mad it makes me mad most of the time it makes me quite mad	5.8 16.7 39.1 22.5 15.9	3.2 8.4 43.9 29.0 15.5	6.78		

¹Higher score = higher organization identification.

Table 20: (cont.)

item	males %	females %	χ^2	item score	
				male mean s.d.	female mean s.d.
In general, how often do you tell someone in your immediate family about some things concerning your organization?				4.39 ±1.01	4.11 ±1.14*
about once a year	2.1	1.3			
once every few months	6.4	12.5			
about once a month	6.4	14.5			
several times a month	20.6	17.1	9.35		
once a week or more	64.5	54.6			
In general, how often do you tell someone outside your immediate family about some things concerning your organization?				3.30 ±1.41	3.19 ±1.23
about once a year	13.5	10.3			
once every few months	19.9	20.6			
about once a month	17.7	24.5			
several times a month	21.3	28.4	8.27		
once a week or more	27.7	16.1			

* (Indicates difference between means) $P \leq .05$

Table 20: (cont.)

item	males	females	χ^2	item score	
				male	female
	%	%		mean s.d.	mean s.d.
During the past year, how many times did you attend a dinner, picnic, or other social events together with your co-workers outside of office hours?					
never	2.8	6.5			
once or more	29.8	23.2			
two times	14.2	14.8			
three times	17.0	19.4			
four times	8.5	12.9			
five or more times	27.7	23.2	5.38	2.99 ±1.67	3.17 ±1.64

against their organizations than those in lower level managerial positions. The defense of the organization against outside criticism represents loyalty or identification with the organization. Only 15 per cent (Table 19) of the total group, males and females combined, of hospital foodservice administrators indicated that criticism did not bother them or that they tended to agree with it. The fact that 85 per cent of hospital foodservice administrators felt anger at criticism leveled at their organization, indicates a high level of identification with or loyalty to the organization.

Male administrators tended to discuss their organizations significantly more often with their families than did female administrators. Marital status, however, was not controlled in this analysis. A larger percentage of male administrators also tended to discuss their organizations more often, with people outside of their families. More female administrators tended not to socialize with coworkers outside of office hours, as compared to the male administrators.

Intercorrelation of organization identification measures are shown in Table 21. Perceived common interests with management correlated highest with willingness to choose the same hospital again (.43). The two items concerned with discussion of the work place outside of the organization (tell family about hospital and tell others about hospital) were positively correlated ($r=.37$).

A composite score of organizational identification was computed by summing the scores on the six items related to organizational identification. There were no significant differences between the organizational identification scores of male and female administrators (Table 22). As a

Table 21: Intercorrelation of organizational identification measures

	a	b	c	d	e
a. perceived common interests with management					
b. willingness to choose hospital again	.43				
c. anger at criticism of hospital	.11	.19			
d. tell family about hospital	-.02	.08	-.02		
e. tell others about hospital	.13	.19	-.06	.37	
f. socialize with co-workers	.08	.12	-.08	.04	.18

Table 22: Organizational identification scores of hospital foodservice administrators

group	N	mean	s.d. ¹	t value
male	143	21.29 ± 4.25		
female	156	21.21 ± 3.47		0.17

¹Score = Σ of scores on 6 organizational identification items.

total group, the level of organizational identification was relatively high (70 per cent of the maximum possible score).

Career Strategies

The hospital foodservice administrators were asked to indicate degree of identification with their organization and with their professional specialization by rating four different career strategies. Differences between the male and female administrators were not significant except on one of the four strategies, Strategy D, which was concerned with remaining in both present specialization and with present organization. The pattern of responses on all four strategies, however, indicated a somewhat lower level of identification with both the specialization and the organization among the males. The significantly higher response on Strategy D indicated the males found remaining in the present specialization and organization less favorable than did the female administrators. These data may reflect a greater degree of interest in mobility among the males, as well as less career and organizational commitment. One factor that was not assessed in this study was the availability of other employment opportunities. Table 32 in the Appendix details frequency distribution responses concerning career strategy preferences of male and female hospital foodservice administrators.

Professional Orientation

Using measures adapted from Hadd (9), the degree of professional orientation among hospital foodservice administrators was assessed. These measures were concerned with number of professional memberships

Table 23: Career strategy ratings of male and female hospital foodservice administrators¹

strategy	male (N=143)		female (N=156)		t value
	mean	s.d.	mean	s.d.	
strategy A: any specialization, present organization	2.4 ± 1.3		2.6 ± 1.3		1.51
strategy B: any specialization, any organization	2.8 ± 1.3		3.0 ± 1.4		1.25
strategy C: present specialization, any organization	2.4 ± 1.2		2.5 ± 1.3		0.57
strategy D: present specialization, present organization	3.4 ± 1.4		3.0 ± 1.5		2.33*

¹Scale = 1, highly favorable to 5, highly unfavorable.

* $P \leq .05$

and frequency of professional reading and attendance at professional meetings.

Professional memberships of hospital foodservice administrators are shown in Table 24. Of the total group, both male and female administrators, 27 per cent were members of both the American Society for Hospital Food Service Administrators (ASHFSA) and the American Dietetic Association (ADA). The ADA is concerned with the broad field of dietetics, but tends to focus more upon the nutritional aspects of hospital foodservice administration, while ASHFSA is a more business oriented organization focusing on managerial skills and talents. Membership in ASHFSA was

Table 24: Professional memberships of hospital foodservice administrators

organization	with membership	
	male (N=143)	female (N=156)
	%	%
American Society for Hospital Food Service Administrators (ASHFSA)	90.2	31.2
American Dietetic Association (ADA)	31.5	99.4
both ASHFSA and ADA	23.8	30.1
other organizations ¹	63.6	75.0

¹ Respondents indicated memberships in from 1 to 6 organizations other than ADA and ASHFSA.

considerably higher (90.2 per cent) for male administrators than for female administrators (31.2 per cent). ADA membership reversed this as a larger percentage of females (99.4) than males (31.5) were members. Male administrators reported a significantly smaller number of professional memberships than the number indicated by the female administrators (Table 25).

Female administrators indicated significantly less frequent professional reading, however, the difference in the score was small. Also, the females reported they attended a significantly fewer number of professional conferences over the past five years than their male counterparts. However, the degree of organizational support for professional travel was not measured.

Table 25: Professional activities of hospital foodservice administrators

type of activity	males (N=143)		females (N=156)		t value
	mean	s.d.	mean	s.d.	
number of professional memberships	2.52 ± 1.37		2.96 ± 1.50		2.61**
frequency of professional reading ¹	5.57 ± 1.39		5.14 ± 1.28		2.75**
number of national conferences attended in past 5 years	4.13 ± 3.74		3.40 ± 2.18		2.10*
number of state conferences attended in past 5 years	8.01 ± 0.91		6.60 ± 0.62		1.31

¹Scale = 1, limited reading to 7, always.

* $P \leq .05$

** $P \leq .01$

Intercorrelations of Study Variables

Intercorrelations of scores for study variables are shown in Table 26. The job dimensions measure of job satisfaction showed high significant negative correlations with role conflict (-.65) and role ambiguity (-.63). Similar relationships between job satisfaction, role conflict, and role ambiguity were reported by Lynn and Vaden (133), however, the strength of the relationships was less. Their data, however, showed relatively low levels of job satisfaction among their sample of male and female public administrators. They used the Job Descriptive Index (131) to measure job satisfaction rather than the Job Dimensions Inventory, which may partially explain the differences.

Table 26: Intercorrelations of scores for job satisfaction, role conflict and ambiguity, organization identification, career strategies, and professional orientation

score	job dimensions	role conflict	role ambiguity	organizational identification	career strategies			
					A	B	C	D
job dimensions								
role conflict	-.65							
role ambiguity	-.63	.67						
organizational identification	.39	-.37	-.41					
strategy A: any specialization, present organization	-.05	.04	.08	-.11				
strategy B: any specialization, any organization	.22	-.12	-.14	.12	.39			
strategy C: present specialization, any organization	.07	-.03	-.08	.01	-.35	-.21		
strategy D: present specialization, present organization	-.26	.22	.25	-.12	-.30	-.49	.16	
professional orientation	.08	-.12	-.17	.13	.08	.02	-.10	-.05

Organizational identification was positively related to job satisfaction which is the relationship of these two variables hypothesized by various researchers (92, 132). Two of the career strategy ratings had significant correlations with job satisfaction; Strategy B and Strategy D.

Strategy D had a significant negative correlation ($-.26$) with the job dimension score indicating that higher satisfaction was related to a more favorable view toward the present organization and present specialization; whereas the positive correlation ($.22$) between job satisfaction and Strategy B reflected a similar relationship since higher Strategy B scores indicate an unfavorable reaction to the organization and socialization. The other variables were unrelated to job satisfaction.

Role conflict had a rather high positive correlation with role ambiguity ($.67$) which was anticipated. The pattern of relationships of both role conflict and role ambiguity with other variables was similar. The strong negative correlations with organizational identification ($-.37$ and $-.41$) indicate that lower levels of organizational identification are related to a higher degree of both role conflict and role ambiguity. Also, the relationships with career strategies indicate that those who perceive conflict and ambiguity in their present positions would be more favorable toward leaving both the organization and the specialization. These findings are reinforced by the negative significant correlations between professional orientation, role conflict, and role ambiguity. Although the correlations are low, they suggest that those who perceive a conflictive and ambiguous work situation tend to be less oriented to their profession or perhaps these administrators are dissatisfied with their chosen field.

The correlations, although low, between the career strategies and organization identification were in the expected directions. Also, the correlations between the career strategy ratings were in the anticipated direction, indicating consistency of responses to the strategy preferences.

The relationship between the organization identification score and the professional orientation score is significantly positive, though weak. This result suggests that the group is comprised predominantly of those with both an orientation to their professions as well as to their employing organizations; however, others may tend to have separate orientations toward the profession or the organization.

Relationships of Variables with Tenure

Since tenure in an organization has been related to several of the study variables in other studies (47, 68, 34, 78), two measures of tenure were correlated with the variables in this study to analyze possible relationships: years in present position and years in present institution. The strength of the relationships between both of the tenure measures and the other variables was similar (Table 27).

The job satisfaction measure and patient care and foodservice goal emphases were positively related to both tenure measures indicating that those with greater tenure are more satisfied and identify more strongly with departmental goals. The negative correlations between both years at the institution and in present position and role conflict and role ambiguity reflect a relationship between shorter tenure and stronger feelings of conflictive and ambiguous work situations. These patterns were not surprising since it is expected that those employed longer would

Table 27: Correlations of study variables with length of service in institution

study variable	years in present position	years at institution
job dimensions score	.25	.23
role conflict	-.22	-.22
role ambiguity	-.22	-.20
patient care goal orientation	.15	.20
foodservice goal orientation	.12	.19
organizational identification	.04	.05
strategy A: any specialization, present organization	.05	.00
strategy B: any specialization, any organization	.10	.12
strategy C: present specialization, any organization	.07	.12
strategy D: present specialization, present organization	-.22	-.24
professional orientation	.07	.05

experience a greater degree of compatibility with and have a better understanding of their employing organizations.

The correlations between the tenure measures and Strategy D were in the expected direction. The negative relationship indicates that those with less investment in the organization are less inclined to view the organization and their specialization as favorable. Herzberg et al. (66) reported that as length of service increases the individual begins to perceive more positive returns from the organization. Hulin and Smith (47) found that with increasing tenure, employees expectations move more towards the real opportunities and returns from job, increasing the level of satisfaction.

Relationships of Demographic Characteristics to Study Variables

Multivariate analysis (140) was used to study the effects of various other demographic characteristics on the study variables since relatively few differences were found in the comparisons between male and female hospital foodservice administrators. Initially the following variables were used in the analyses: sex, educational level, age, size of hospital in which participants were employed, type management of the hospital foodservice (hospital controlled or contract management), and professional qualifications. The main effects and interactions among all variables were computed. Variables and related interactions with very low F ratios ($F < 1.0$) were omitted in subsequent computations. Three demographic variables had significant effects on one or more of the dependent variables (job satisfaction, role conflict, role ambiguity, organizational and professional identification). These significant variables were age, size of hospital, and professional qualifications (Table 28).

Table 28: Relationships of demographic characteristics to job satisfaction, role conflict, role ambiguity, and organizational and professional identification measures

demographic variables	job dimensions blank			role conflict			role ambiguity		
	mean	std. error	P	mean	std. error	P	mean	std. error	P
ADA membership			.39			.03			.14
member	166.02	±2.35		40.15	±.64		33.85	±.67	
non-member	162.38	±3.58		42.70	±.98		35.63	±1.02	
size of hospital			.04			.47			.02
300 beds or smaller	158.82	±3.43		42.04	±.94		36.25	±.98	
301-500 beds	162.35	±3.58		41.80	±.98		35.65	±1.02	
over 500 beds	171.48	±3.83		40.43	±1.04		32.33	±1.09	
age groups			.01			.002			.06
20-29 years	150.39	±5.11		45.60	±1.40		37.96	±1.46	
30-39 years	166.43	±3.30		40.15	±.90		33.59	±.94	
40-49 years	169.89	±3.83		39.15	±1.04		33.69	±1.09	
50 years and over	170.12	±4.80		40.81	±1.31		33.73	±1.37	

Table 28: (cont.)

demographic variables	organization identification			foodservice goal emphasis			patient care goal emphasis			professional orientation		
	mean	std. error	P	mean	std. error	P	mean	std. error	P	mean	std. error	P
ADA membership			.79			.99			.42			.19
member	3.57 ± .05			11.83 ± .13			12.95 ± .15			18.14 ± .84		
non-member	3.54 ± .08			11.83 ± .20			12.73 ± .23			20.14 ± 1.28		
size of hospital			.02			.01			.29			.89
300 beds or smaller	3.41 ± .08			11.46 ± .19			12.68 ± .22			19.22 ± 1.22		
301-500 beds	3.54 ± .08			11.70 ± .20			12.70 ± .23			18.67 ± 1.28		
over 500 beds	3.72 ± .09			12.32 ± .21			13.14 ± .24			19.53 ± 1.37		
age group			.21			.60			.36			.60
20-29 years	3.47 ± .12			11.73 ± .28			12.59 ± .32			17.47 ± 1.82		
30-39 years	3.70 ± .07			11.84 ± .18			12.65 ± .21			19.14 ± 1.18		
40-49 years	3.60 ± .09			11.65 ± .21			12.87 ± .24			20.56 ± 1.37		
50 years and over	3.46 ± .11			12.10 ± .27			13.26 ± .31			19.38 ± 1.71		

Table 28: (cont.)

demographic variables	Strategy A			Strategy B			Strategy C			Strategy D		
	mean	std. error	P	mean	std. error	P	mean	std. error	P	mean	std. error	P
ADA membership			.23			.18			.10			.001
member	2.66 ±.10			2.97 ±.11			2.47 ±.09			3.62 ±.11		
non-member	2.44 ±.15			2.71 ±.16			2.47 ±.14			3.73 ±.16		
size of hospital			.34			.14			.16			.51
300 beds or smaller	2.61 ±.15			2.92 ±.16			2.33 ±.14			3.30 ±.16		
301-500 beds	2.37 ±.15			2.58 ±.16			2.38 ±.14			3.54 ±.16		
over 500 beds	2.67 ±.16			3.01 ±.17			2.70 ±.15			3.43 ±.17		
age groups			.02			.13			.88			.11
20-29 years	2.59 ±.22			2.54 ±.23			2.40 ±.21			3.75 ±.23		
30-39 years	2.45 ±.14			2.83 ±.15			2.43 ±.13			3.47 ±.15		
40-49 years	2.18 ±.16			2.72 ±.17			2.58 ±.15			3.37 ±.17		
50 years and over	2.98 ±.20			3.24 ±.22			2.46 ±.19			2.99 ±.22		

Job satisfaction levels were higher for the hospital foodservice administrators who were professionally qualified dietitians (i.e., members of ADA) than were those of administrators who were not dietitians. As would be anticipated from these job satisfaction levels the corresponding role conflict and role ambiguity levels were lower for the dietitians. Those employed in larger hospitals and in the older age group experienced higher job satisfaction.

Organizational identification and foodservice goals were significantly higher for administrators employed in larger hospitals. The greater emphasis on foodservice goals among administrators in the larger hospitals was not surprising since these directors are responsible for managing more complex operations and a larger number of personnel. Patient care goals and professional orientation were slightly but not significantly higher for those large hospital foodservice administrators.

Scores on Strategy A indicate the youngest and oldest age groups were more committed to their present specialization than were the 30 to 39 and 40 to 49 age groups. The least committed were those in the 40 year age group. The only other significant difference in the strategy ratings was found in relation to Strategy D. The administrators who were professionally qualified dietitians were somewhat more favorable towards remaining in their present specialization and present organization than were those administrators who were not dietitians.

SUMMARY AND CONCLUSIONS

Summary

The degree to which individuals identify with an organization is influenced by the rewards and level of satisfaction that they have received from the organization. Experiences of the individual in obtaining rewards and satisfaction influence the degree of individual commitment to the organization. In the case of professionals, they may seek satisfaction and self-fulfillment through professional organizations at the expense of their work organization.

Job satisfaction, organizational commitment, and organizational identification have been found to be influenced by many variables. These factors also have been shown to have an interdependent relationship. The objective of this research project was to study job satisfaction, role conflict, role ambiguity, organizational identification, and professional orientation of male and female hospital foodservice administrators.

The sample was drawn from membership listings of individuals classified as hospital foodservice administrators from The American Dietetic Association and the American Society of Hospital Food Service Administrators. The research instrument consisted of eight sections. Section I included the Job Dimensions Blank or JDB, which measures job satisfaction based upon sixty-one variables associated with the characteristics of the job and work place. Section II obtained measures of organizational identification. Sections III and IV measured role conflict and role ambiguity. Career strategies were measured in Section V. Section VI

measured foodservice goal ratings and Section VII dealt with professional affiliations, and orientation. Section VIII obtained demographic information on the individuals and the employing hospitals. After initial and follow-up mailings, the total response was 64 per cent (N = 308).

Demographic Characteristics

On the whole the male administrators were somewhat younger and employed by larger hospitals than their female counterparts. Results on educational background showed a larger number of the female administrators held more advanced degrees than was true for the male administrators. Also the emphasis in the educational preparation of the females was dietetics, while that of the male administrators was business oriented. The male administrators had been employed in their present positions, by their present institutions, and for shorter periods of time, yet received significantly higher salaries than those received by the female administrators. Also the males reported they worked significantly more hours per day and per week as compared to the reports of their female counterparts. Salaries for both males and females, however, represented relatively high salary levels.

Job Satisfaction

Analysis of job satisfaction indicated both male and female hospital foodservice administrators had a relatively high level of overall satisfaction. The job dimensions dealing with autonomy were important sources of satisfaction for the administrators. The overall satisfaction of hospital foodservice administrators was close to that of other professionals who experience high levels of autonomy in their work, but are generally not employed by an organization. Satisfaction with job aspects

concerned with task identity, feedback, and skill variety was also high. The foodservice administrators were generally satisfied with their jobs, but a number of the overall group were not satisfied with several components of their jobs that affected their quality of life outside of work. Dissatisfaction, for both groups, was most often related to promotional opportunities, salary, and recognition received from peers and superiors.

Female administrators were slightly, but not significantly more dissatisfied with their earnings, while male administrators tended to be more satisfied with the hours worked. This study supports the conclusion that it is not sex per se that is the determining factor in job satisfaction, but a combination of variables present in the job situation.

Role Conflict and Role Ambiguity

Data for the total group of administrators resulted in high negative correlations between role conflict and role ambiguity and satisfaction. These high negative correlations indicate high levels of job satisfaction were accompanied by perceptions of low levels of role conflict and role ambiguity.

Role conflict and role ambiguity also correlated negatively with organizational identification. These negative correlations indicated that those hospital foodservice administrators with strong identification with their employing organizations also had low levels of perceived conflict and ambiguity in their work situation.

Organizational Identification Measures

As a group, the hospital foodservice administrators had a relatively strong identification with their employing organizations. General

measures of organization identification supported this conclusion, as well as several related measures such as goal identification.

Both the male and female hospital foodservice administrators rated patient care goals as those most important to their foodservice, while those goals concerned with overall management of the foodservice were somewhat less important. Both groups of administrators reflected a high concern for the overall welfare and care of patients and viewed the efforts of their foodservices as being directed to meet these needs. More of the male administrators selected the goal concerning operation of an efficient low cost foodservice as a priority goal for hospital foodservice. Perhaps this efficiency emphasis is influenced by educational background.

A greater degree of mobility characterized the male hospital foodservice administrators. The male administrators, based upon measures of career strategies, did have a lower level of identification with both the organization and their specialization. They were less favorable towards remaining with their present organization and in their present specialization than were the female administrators. This finding was interesting in view of the fact they had been employed in their present positions and by their present organizations for shorter periods of time than their female counterparts.

Professional Orientation

Based upon the variables studied, male hospital foodservice administrators had a greater degree of professional involvement than did the female hospital foodservice administrator. The measures were concerned with reported frequency of professional reading and attendance at

professional meetings. The analysis did not take into account marital status or support for professional travel. The females, however, reported a larger number of professional memberships than did the males.

Conclusions

Several researchers have contended that by statistically controlling organizational factors so that they equally affect both men and women, women should not be any less satisfied than men with their jobs. This statistical control has been necessary in many studies since women, who have generally been employed in lower level managerial positions, have been compared to men who frequently hold higher level managerial positions. By utilizing a sample of hospital foodservice administrators, a profession in which females have traditionally held top management positions, there was no need to equate variables statistically which reflected opportunities, challenges, and employment levels. Given equal educational, employment, and advancement opportunities, and an equal chance to apply their skills to appropriate challenges, male-female differences disappear. A final conclusion relates to the hospital foodservice administrator's job. Data from this study indicate these administrators have challenging, satisfying jobs which offer a high degree of autonomy and opportunities to utilize professional skills and abilities.

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APPENDIXES

APPENDIX A

The Research Instrument

Department of Dietetics, Restaurant
and Institutional Management
Justin Hall
Manhattan, Kansas 66506
Phone: 913 532-5521-2

A Study of
Hospital Foodservice
Administrators

Instructions: Please complete all questions and return in the enclosed
stamped addressed envelope.

Thanks for your assistance!

Glen F. McNeil, R.D.
Graduate Teaching Assistant

Allene G. Vaden, Ph.D., R.D.
Associate Professor

1. Please consider each of the following items with your present job in mind. Indicate if you are satisfied, dissatisfied, or not sure about that item; indicate NA if the item is not present in or appropriate to your job.

Indicate: S = Satisfied
? = Not sure

D = Dissatisfied
NA = Not present in or not appropriate to job

- | | |
|---|---|
| <input type="checkbox"/> Your earnings | <input type="checkbox"/> Chance to do research |
| <input type="checkbox"/> Financial security | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Prospects for a comfortable retirement | <input type="checkbox"/> Physical fatigue |
| <input type="checkbox"/> Prospects for future earnings | <input type="checkbox"/> Pressure on job |
| <input type="checkbox"/> Time for recreation and/or family activities | <input type="checkbox"/> Hours |
| <input type="checkbox"/> Opportunities for travel | <input type="checkbox"/> Opportunity to use learned skills |
| <input type="checkbox"/> Time for travel | <input type="checkbox"/> Opportunity to use aptitudes and abilities |
| <input type="checkbox"/> Community in which you live | <input type="checkbox"/> Opportunity to use education |
| <input type="checkbox"/> Your prestige in the community | <input type="checkbox"/> Fulfillment of personal needs |
| <input type="checkbox"/> Your prestige on the job | <input type="checkbox"/> Feeling of achievement |
| <input type="checkbox"/> Opportunities for promotion | <input type="checkbox"/> Feeling of being needed |
| <input type="checkbox"/> Prestige in your profession | <input type="checkbox"/> Feeling of accomplishment |
| <input type="checkbox"/> Administrative details of job | <input type="checkbox"/> Full credit for work done |
| <input type="checkbox"/> Committee work required | <input type="checkbox"/> Thanks from those you benefit |
| <input type="checkbox"/> Written reports necessary | <input type="checkbox"/> Recognition from your supervisors |
| <input type="checkbox"/> Non-professional aspects of the job | <input type="checkbox"/> Recognition from your peers |
| <input type="checkbox"/> Routine activities of the job | <input type="checkbox"/> Personal satisfaction of job well done |
| <input type="checkbox"/> Time for study in your field | <input type="checkbox"/> Chance to see results of work |
| <input type="checkbox"/> Opportunity to advance professionally | <input type="checkbox"/> Chance to follow job through to its conclusion |
| <input type="checkbox"/> Opportunity to talk-shop | <input type="checkbox"/> Chance to evaluate own work |
| <input type="checkbox"/> Opportunity to direct work of others | <input type="checkbox"/> Evaluation of work by others |
| <input type="checkbox"/> Opportunity to help in policy-making | <input type="checkbox"/> Opportunity to use initiative |
| <input type="checkbox"/> Opportunity to be your own boss | <input type="checkbox"/> Freedom to make decisions |
| <input type="checkbox"/> Interesting co-workers | <input type="checkbox"/> Personal autonomy |
| <input type="checkbox"/> Intelligent, competent co-workers | <input type="checkbox"/> Freedom to use own judgment |
| <input type="checkbox"/> Fun and relaxation with co-workers | <input type="checkbox"/> Opportunity to do socially significant tasks |
| <input type="checkbox"/> Competition | <input type="checkbox"/> Opportunity to improve health of others |
| <input type="checkbox"/> Demands of clients or patients | <input type="checkbox"/> Opportunity to improve appearance or comfort of others |
| <input type="checkbox"/> Demands of supervisors | <input type="checkbox"/> Opportunity to help others find success or happiness |
| <input type="checkbox"/> Intellectual challenge | |
| <input type="checkbox"/> Variety of activities required | |
| <input type="checkbox"/> Chance to improve skills | |

11. Please place an "X" for the statement which indicates your response.

1. Here are two statements about the relations between management and employees at your organization.

- A. The relations between management and employees here are much different than in other organizations because in this organization both are working toward the same goal of providing the best possible services to the patient/client.
- B. Relations between management and employees here are not very different than in other organizations where management looks out for the organization's interests and employees have to look out for their own interests.

Which of the two statements comes closer to your own opinion?

- ☐ (1) Agree completely with B
☐ (2) Agree more with B than A
☐ (3) Agree equally with A and B
☐ (4) Agree more with A than B
☐ (5) Agree completely with A
2. If you could begin working over again, but in the same profession as you are in now, how likely would you be to choose this organization as a place to work?
- ☐ (1) Definitely would choose another place
☐ (2) Probably would choose another place
☐ (3) Would not care whether it was here or someplace else
☐ (4) Probably would choose this organization
☐ (5) Definitely would choose this organization
3. How would you feel when you hear someone criticizing your organization?
- ☐ (1) I mostly agree with the criticism
☐ (2) It does not bother me
☐ (3) It makes me a little mad
☐ (4) It makes me mad most of the time
☐ (5) It makes me quite mad
4. In general, how often do you tell someone in your immediate family about some things concerning your organization?
- ☐ (1) About once a year
☐ (2) Once every few months
☐ (3) About once a month
☐ (4) Several times a month
☐ (5) Once a week or more
5. In general, how often do you tell someone outside your immediate family about some things concerning your organization?
- ☐ (1) About once a year
☐ (2) Once every few months
☐ (3) About once a month
☐ (4) Several times a month
☐ (5) Once a week or more
6. During the past year, how many times did you attend a dinner, picnic, or other social events together with your co-workers outside of office hours?
- ☐ (1) Once or more
☐ (2) Two times
☐ (3) Three times
☐ (4) Four times
☐ (5) Five times or more

III. The following statements refer to your duties as a director of foodservice, dietetics, and/or nutrition. There are no right or wrong answers. We are looking for your honest opinion regarding various aspects of your position. Please circle the one most descriptive response that reflects your feelings.

- | | | | | | |
|---|-------------------|----------|-----------|-------|----------------|
| 1. I have enough time to complete my work. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 2. I perform tasks that are too easy or too boring. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 3. I have to do things that should be done differently. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 4. I am able to act the same regardless of the group I am with. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 5. I work under incompatible policies and incompatible guidelines. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 6. I receive assignments without the manpower to complete them. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 7. I have to buck rules or policies in order to carry out an assignment. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 8. I receive assignments that are within my training and capabilities. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 9. I have just the right amount of work to do. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 10. I work with two or more groups who operate quite differently. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 11. I receive incompatible requests from two or more people. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 12. I do things that are apt to be accepted by one person and not accepted by others. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 13. I receive an assignment without adequate resources and materials to execute it. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 14. I work on unnecessary things. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 15. I perform work that suits my values. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |

4

IV. The following statements also refer to your duties as a director of foodservice, dietetics, and/or nutrition. There are no right or wrong answers. We are looking for your honest opinion regarding various aspects of your position. Please circle the one best descriptive response that reflects your feelings.

- | | | | | | |
|---|-------------------|----------|-----------|-------|----------------|
| 1. I feel certain about how much authority I have. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 2. Clear, planned goals and objectives characterize my job. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 3. There is a lack of policies and guidelines to help me. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 4. I am corrected or rewarded when I really don't expect it. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 5. I know what my responsibilities are. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 6. I have to "feel my way" in performing my duties. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 7. I feel certain about how I will be evaluated for a raise or promotion. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 8. I know that I have divided my time properly. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 9. I know exactly what is expected of me. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 10. I am uncertain as to how my job is related to other hospital tasks. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 11. I am told how well I am doing my job. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 12. I receive clear explanations of what has to be done. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 13. I have to work under vague directives or orders. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| 14. I do not know if my work will be acceptable to my boss. | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |

- V. Following are four alternative career strategies which individuals in your profession might choose for themselves. Please read the description of each and then indicate your feelings about that strategy on the questions that follow.

STRATEGY A - Any specialization, present organization.

This career strategy includes individuals interested in fulfilling the goals and objectives of the organization in which they are currently employed. However, this individual is not deeply interested in remaining within a specific area of specialization and is willing to move among specializations or into administrative positions within his/her current organization.

STRATEGY B - Any specialization, any organization.

Individuals following this career strategy are willing to leave the organization which currently employs them. Further, they are not committed to any specialization and are also willing to move among specializations or into administration at their current institution or another.

STRATEGY C - Present specialization, any organization.

This career strategy includes people who are deeply committed to their present specialization and would be hesitant or unwilling to move to another specialty or administrative position. However, they would be willing to move to another organization to continue work in their present specialty.

STRATEGY D - Present specialization, present organization.

Individuals here are committed to fulfilling the goals and objectives of their present organization and would probably not leave. They also are not interested in changing specialties or moving into administrative positions.

Please indicate your feelings for each strategy above relative to the other by checking (✓) one box for each strategy. Be sure to consider the other strategies at the same time. Each column should be used only once. In total there should be only four (4) checks made.

	<u>Highly favorable</u>	<u>Somewhat favorable</u>	<u>Neutral</u>	<u>Somewhat unfavorable</u>	<u>Highly unfavorable</u>
STRATEGY A: Any specialization, present organization	()	()	()	()	()
STRATEGY B: Any specialization, any organization	()	()	()	()	()
STRATEGY C: Present specializa- tion, any organization	()	()	()	()	()
STRATEGY D: Present specializa- tion, present organization	()	()	()	()	()

VI. Below is a list of goals which a hospital foodservice might have. Please indicate how important each one is to your hospital. (Check your response for each goal.)

- | | |
|--|--|
| <p>a. Quality foodservice</p> <p>___ (1) Not at all important</p> <p>___ (2) Not very important</p> <p>___ (3) Of moderate importance</p> <p>___ (4) Very important</p> <p>___ (5) Extremely important</p> <p>b. Quality nutritional care for patients</p> <p>___ (1) Not at all important</p> <p>___ (2) Not very important</p> <p>___ (3) Of moderate importance</p> <p>___ (4) Very important</p> <p>___ (5) Extremely important</p> <p>c. Efficient low cost foodservice</p> <p>___ (1) Not at all important</p> <p>___ (2) Not very important</p> <p>___ (3) Of moderate importance</p> <p>___ (4) Very important</p> <p>___ (5) Extremely important</p> <p>d. Good staff-patient relationship</p> <p>___ (1) Not at all important</p> <p>___ (2) Not very important</p> <p>___ (3) Of moderate importance</p> <p>___ (4) Very important</p> <p>___ (5) Extremely important</p> <p>e. Active participation on health care team</p> <p>___ (1) Not at all important</p> <p>___ (2) Not very important</p> <p>___ (3) Of moderate importance</p> <p>___ (4) Very important</p> <p>___ (5) Extremely important</p> | <p>f. Superior equipment and facilities</p> <p>___ (1) Not at all important</p> <p>___ (2) Not very important</p> <p>___ (3) Of moderate importance</p> <p>___ (4) Very important</p> <p>___ (5) Extremely important</p> <p>g. Involvement in community outreach programs (meals on wheels, nutrition classes, etc.)</p> <p>___ (1) Not at all important</p> <p>___ (2) Not very important</p> <p>___ (3) Of moderate importance</p> <p>___ (4) Very important</p> <p>___ (5) Extremely important</p> <p>h. Good relationships with employees</p> <p>___ (1) Not at all important</p> <p>___ (2) Not very important</p> <p>___ (3) Of moderate importance</p> <p>___ (4) Very important</p> <p>___ (5) Extremely important</p> <p>i. From the listing of possible goals for a hospital foodservice, select the <u>3</u> you see as most important. Circle the letters which represent these <u>3 most important</u> goals.</p> <p>a b c d</p> <p>e f g h</p> |
|--|--|

VII. Please indicate your professional affiliations and activities.

1. In how many professional organizations or associations do you currently hold memberships? Include membership only in those organizations or associations which require the payment of dues or subscription fees.

no. of organization memberships

2. Please indicate organizations to which you belong.
- ___ American Society of Hospital Foodservice Administrators
- ___ American Dietetic Assn.
- Others, please list
- _____
- _____
- _____

3. In general, how frequently do you read the journals and other literature published by the professional associations to which you belong? (Please circle the appropriate number.)

None Some Always

1 2 3 4 5 6 7

4. How many national conferences or conventions of the professional associations to which you belong have you attended in the past five years?

no. of meetings attended

5. How many state or regional conferences or conventions of the professional associations to which you belong have you attended in the past five years?

no. of meetings attended

VIII. Please complete the following questions.

1. Length of time employed in your present position in this institution.

_____ years _____ months

2. Length of time employed by this institution.

_____ years _____ months

3. Your position, title (check one).

_____ (1) Administrator
 _____ (2) Director
 _____ (3) Associate/Assistant Director
 _____ (4) Other, please specify _____

4. Please indicate.

_____ (1) Male
 _____ (2) Female

5. In what state do you now live?

6. What is the size of the hospital in which you are employed?

_____ (1) Under 100 beds
 _____ (2) 101 - 300 beds
 _____ (3) 301 - 500 beds
 _____ (4) Over 500 beds
 _____ (5) Not presently employed in a hospital

7. Number of years worked in management (foodservice and otherwise)?

Foodservice Mgt. Mgt. other than foodservice

_____ Total years _____ Total years

8. At the present time are you the sole or supporting income provider (check one)?

_____ (1) I am the sole income provider for the family unit
 _____ (2) My salary is over two-thirds of the total family income
 _____ (3) My salary is less than two-thirds of the total family income

9. How many hours do you usually work?

per day? _____
 per week? _____

10. What is your present salary?

\$ _____ /year

11. Highest education level completed?

12. What was your field of study for:

a. Bachelor's degree
 _____ (1) Dietetics
 _____ (2) Restaurant Management
 _____ (3) Institutional Management
 _____ (4) Business
 _____ (5) Nutrition
 _____ (6) Food Science or Technology
 _____ (7) Other, please specify _____

- b. Master's degree

_____ (1) Dietetics
 _____ (2) Restaurant Management
 _____ (3) Institutional Management
 _____ (4) Business
 _____ (5) Nutrition
 _____ (6) Food Science or Technology
 _____ (7) Other, please specify _____

13. Age group.

_____ (1) 20 - 29 years
 _____ (2) 30 - 39 years
 _____ (3) 40 - 49 years
 _____ (4) 50 - 59 years
 _____ (5) 60 or over

14. Marital status.

_____ (1) Married
 _____ (2) Not Married
 _____ (3) Widow or Widower

15. Is your foodservice managed by the hospital or a foodservice contracting company?

_____ (1) Hospital
 _____ (2) Contracting company

16. If managed by a contracting company, who is your employer?

_____ (1) Hospital
 _____ (2) Contracting company

COMMENTS:

Thanks for your cooperation!

APPENDIX B
Correspondence

Department of Dietetics, Restaurant
and Institutional Management
Justin Hall
Manhattan, Kansas 66506
Phone: 913 532-5521-2

May 10, 1978

Dear

The Department of Dietetics, Restaurant and Institutional Management at Kansas State University is conducting a study focusing on the hospital foodservice administrator. This study is part of a larger project at K-State which is concerned with behavioral science research in the food-service industry. The survey is being sent to a selected group of hospital foodservice administrators, from lists provided by the American Society of Hospital Food Service Administrators and The American Dietetic Association. A summary of the study will be provided to these associations.

We need your help in order that we may obtain accurate data. All information will be completely confidential; the questionnaire is identified by code number for follow-up purposes only. Your name will not be linked with your responses. Data from questionnaires will be key-punched and statistics summarized for the entire group.

This survey is being conducted under guidelines established by Kansas State University. By cooperating, you will help provide answers to important questions; however, your participation is strictly voluntary. We would appreciate your responses to all items on the questionnaire; however, if there are individual items you would prefer not to answer, please leave those blank. Your return of the questionnaire will indicate your willingness to participate in the study.

If you have any comments please feel free to express them. When you have completed the questionnaire, please place it in the enclosed stamped envelope and drop it in the mail. This should take only about 15-20 minutes of your time--will you please return it to us by the end of the week? If you have any questions concerning this research, please contact us by phone or mail. Thank you for your cooperation and time.

Sincerely,

Allene G. Vaden, Ph.D., R.D.
Associate Professor

Glen F. McNeil, R.D.
Graduate Assistant

GFM/jd

June 8, 1978

Dear Administrator:

Approximately three weeks ago you should have received a questionnaire for a study we are conducting at Kansas State University on perceptions of hospital foodservice administrators. If you have completed the questionnaire and have sent it back, thank you! In case you did not receive a copy we are enclosing another with this mailing.

In the event we missed you with the previous correspondence, let me briefly tell you about the study. This study is part of a larger project at KSU which is concerned with behavioral science research in the foodservice industry. Participants were selected from lists provided by the American Society of Hospital Food Service Administrators and The American Dietetic Association. A summary of the study will be provided to these associations.

We appreciate your time and consideration in providing the information. This should take only about 15-20 minutes of your time--will you please return it as soon as possible in the enclosed stamped envelope? We're hoping for as great a return as possible so that our compilation of the information will be representative.

Thank you for your time and cooperation.

Sincerely,

Allene G. Vaden, Ph.D., R.D.
Associate Professor

Glen F. McNeil, R.D.
Graduate Assistant

fj

APPENDIX C

Division of Sample by Regions

Regions of the American Society of Hospital
Food Service Administrators

REGION I

Maine
New Hampshire
New York
Vermont

REGION VI

Illinois
Minnesota
Wisconsin

REGION II

Connecticut
Massachusetts
New Jersey
Pennsylvania
Rhode Island

REGION VII

Arizona
Arkansas
New Mexico
Oklahoma
Texas

REGION III

Delaware
Kentucky
Maryland
Tennessee
Virginia
West Virginia

REGION VIII

Colorado
Idaho
Iowa
Kansas
Missouri
Montana
Nebraska
North Dakota
South Dakota
Utah
Wyoming

REGION IV

Alabama
Florida
Georgia
Louisiana
Mississippi
North Carolina
South Carolina

REGION IX

California
Nevada
Oregon
Washington

REGION V

Indiana
Michigan
Ohio

APPENDIX D

Supplemental Tables 29-33

Table 29: Responses on items of Job Dimensions Inventory

item	male ¹				female				mean scores ²	
	S		D		S		D		male	female
	—	—	—	—	—	—	—	—	mean s.d.	mean s.d.
	— % —				— % —					
your earnings	71.1	5.6	23.2	0.0	68.4	5.8	24.5	1.3	1.52 ±0.84	1.56 ±0.87
financial security	67.6	12.7	19.7	0.0	70.8	9.7	17.5	1.9	1.52 ±0.81	1.46 ±0.78
prospects for a comfortable retirement	52.1	19.7	24.6	3.5	61.0	16.2	19.5	3.2	1.72 ±0.85	1.57 ±0.81
prospects for future earnings	59.2	25.4	13.4	2.1	52.6	24.7	20.8	1.9	1.53 ±0.73	1.68 ±0.81
time for travel and/or family activities	89.4	0.0	10.6	0.0	67.1	3.2	29.0	0.6	1.21 ±0.62	1.62 ±0.91
opportunities for travel	74.5	7.1	14.9	3.5	71.6	3.9	17.4	7.1	1.38 ±0.74	1.42 ±0.79

¹S = satisfied; ? = not sure; D = dissatisfied; NA = not present or not appropriate to the job.

²Scale = 1, satisfied; 2, not sure; 3, dissatisfied (omit NA).

* Indicates difference between means. ($P \leq .05$)

Table 29: (cont.)

item	male				female				mean scores	
	S	?	D	NA	S	?	D	NA	male	female
	— % —				— % —				mean s.d.	mean s.d.
time for travel	70.2	7.8	19.9	2.1	66.7	3.8	23.7	5.8	1.46 ±0.81	1.54 ±0.87
community in which you live	82.4	5.6	11.3	0.7	82.7	5.1	10.3	1.9	1.28 ±0.66	1.26 ±0.64
your prestige in the community	86.6	4.2	4.2	4.9	82.7	7.1	5.8	4.5	1.13 ±0.45	1.19 ±0.53
your prestige on the job	88.0	4.2	7.0	0.7	80.1	7.7	12.2	0.0	1.18 ±0.54	1.32 ±0.68*
opportunities for promotion	41.5	13.4	30.3	14.8	40.4	17.3	22.4	19.9	1.87 ±0.91	1.78 ±0.86
prestige in your profession	83.8	7.0	9.2	0.0	89.7	2.6	7.1	0.6	1.25 ±0.61	1.17 ±0.53
administrative details of the job	90.8	4.2	4.9	0.0	84.0	4.5	11.5	0.0	1.14 ±0.47	1.28 ±0.66*
committee work required	83.1	5.6	9.2	2.1	78.8	7.1	7.7	6.4	1.24 ±0.61	1.24 ±0.59
written reports necessary	83.7	2.8	13.5	0.0	82.1	4.5	12.8	0.6	1.30 ±0.69	1.30 ±0.69

Table 29: (cont.)

item	male				female				mean scores	
	S	?	D	NA	S	?	D	NA	male	female
	— % —				— % —				mean s.d.	mean s.d.
non-professional aspects of the job	74.6	9.9	13.4	2.1	59.6	7.1	18.6	14.7	1.37 ±0.72	1.51 ±0.83
routine activities of the job	83.8	2.8	12.7	0.7	76.3	3.2	17.3	3.2	1.28 ±0.68	1.39 ±0.77
time for study in your field	63.8	8.5	26.2	1.4	56.1	5.2	38.7	0.0	1.62 ±0.88	1.83 ±0.96
opportunity to advance professionally	70.4	10.6	16.2	2.8	65.2	9.7	19.4	5.8	1.44 ±0.76	1.51 ±0.82
opportunity to talk shop	78.9	3.5	16.9	0.7	77.4	3.2	16.8	2.6	1.38 ±0.76	1.38 ±0.76
opportunity to direct work of others	95.8	2.8	1.4	0.0	96.2	0.0	3.2	0.6	1.06 ±0.29	1.06 ±0.36
opportunity to help in policy making	79.6	3.5	16.2	0.7	82.1	4.5	12.8	0.6	1.36 ±0.75	1.30 ±0.69
opportunity to be your own boss	85.2	3.5	9.9	1.4	89.1	3.2	7.1	0.6	1.24 ±0.62	1.17 ±0.54
interesting co-workers	79.6	8.5	10.6	1.4	89.7	1.9	7.7	0.6	1.30 ±0.65	1.74 ±0.55

Table 29: (cont.)

item	male					female					mean scores	
	S	?	D	NA		S	?	D	NA		male	female
	— % —					— % —					mean s.d.	mean s.d.
intelligent, competent co-workers	73.9	5.6	19.7	0.7		80.8	7.1	11.5	0.6		1.45 ±0.81	1.30 ±0.67
fun and relaxation with co-workers	52.8	11.3	14.1	21.8		46.8	16.7	11.5	25.0		1.50 ±0.79	1.53 ±0.75
competition	70.4	7.0	6.3	16.2		69.3	7.8	5.2	17.6		1.24 ±0.58	1.22 ±0.55
demands of clients or patients	90.8	2.8	4.9	1.4		79.2	4.5	13.6	2.6		1.13 ±0.46	1.33 ±0.71*
demands of supervisors	81.0	6.3	10.6	2.1		74.7	3.2	19.5	2.6		1.28 ±0.65	1.43 ±0.81
intellectual challenge	76.1	7.7	16.2	0.0		78.2	6.4	14.7	0.6		1.40 ±0.75	1.36 ±0.73
variety of activities required	89.4	2.8	7.7	0.0		91.5	2.6	5.2	0.7		1.18 ±0.55	1.13 ±0.47
chance to improve skills	72.5	6.3	21.1	0.0		78.7	7.7	12.9	0.6		1.49 ±0.82	1.34 ±0.70
chance to do research	34.5	5.6	23.2	36.6		21.9	4.5	21.3	52.3		1.82 ±0.94	1.99 ±0.96

Table 29: (cont.)

item	male					female					mean scores	
	S	?	D	NA		S	?	D	NA		male	female
	— % —					— % —					mean s.d.	mean s.d.
experience	87.2	6.4	4.3	2.1		88.2	7.2	3.3	1.3		1.15 ±0.47	1.14 ±0.43
physical fatigue	76.1	4.9	12.0	7.0		68.4	5.8	20.0	5.8		1.31 ±0.69	1.49 ±0.82
pressure on job	78.9	4.9	15.5	0.7		61.3	7.7	30.3	0.6		1.36 ±0.74	1.69 ±0.91*
hours	92.3	1.4	6.3	0.0		87.7	1.3	11.0	0.0		1.14 ±0.50	1.23 ±0.63
opportunity to use learned skills	88.0	0.7	11.3	0.0		88.5	3.8	7.1	0.6		1.23 ±0.64	1.18 ±0.54
opportunity to use aptitudes and abilities	88.0	2.1	9.9	0.0		86.5	5.8	7.1	0.6		1.22 ±0.61	1.20 ±0.55
opportunity to use education	83.8	2.8	12.0	1.4		87.8	5.1	7.1	0.0		1.27 ±0.67	1.19 ±0.55
fulfillment of personal needs	74.6	8.5	16.9	0.0		76.8	9.7	13.5	0.0		1.42 ±0.77	1.37 ±0.71
feeling of achievement	85.9	6.3	7.7	0.0		82.1	5.8	12.2	0.0		1.22 ±0.57	1.30 ±0.68

Table 29: (cont.)

item	male				female				mean scores	
	S	?	D	NA	S	?	D	NA	male	female
	— % —				— % —				mean s.d.	mean s.d.
feeling of being needed	85.1	8.5	6.4	0.0	82.6	8.4	8.4	0.6	1.21 ±0.55	1.25 ±0.60
feeling of accomplishment	82.2	7.0	7.7	0.0	85.2	5.2	9.7	0.0	1.23 ±0.58	1.25 ±0.62
full credit for work done	70.4	9.9	19.0	0.7	59.4	11.6	28.4	0.6	1.48 ±0.80	1.69 ±0.89*
thanks from those you benefit	72.5	9.9	16.2	1.4	67.3	9.0	21.8	1.9	1.43 ±0.76	1.54 ±0.84
recognition from your supervisors	74.6	8.5	15.5	1.4	68.2	3.9	26.0	1.9	1.40 ±0.75	1.57 ±0.88
recognition from your peers	83.8	5.6	10.6	0.0	81.4	8.3	7.1	3.2	1.27 ±0.64	1.23 ±0.57
personal satisfaction of job well done	92.3	6.3	1.4	0.0	92.3	5.8	1.9	0.0	1.09 ±0.34	1.10 ±0.36
chance to see results of work	93.7	3.5	2.8	0.0	94.9	1.3	3.8	0.0	1.09 ±0.38	1.09 ±0.40
chance to follow job through to its conclusion	88.7	4.2	7.0	0.0	90.4	2.6	7.1	0.0	1.18 ±0.54	1.17 ±0.54

Table 29: (cont.)

item	male					female					mean scores	
	S	?	D	NA		S	?	D	NA		male	female
	_____ %					_____ %					mean s.d.	mean s.d.
chance to evaluate own work	88.0	2.1	9.9	0.0		87.2	6.4	5.8	0.6		1.22 ±0.61	1.18 ±0.52
evaluation of work by others	79.6	7.0	12.7	0.7		74.4	8.3	15.4	1.9		1.33 ±0.69	1.40 ±0.75
opportunity to use initiative	87.3	3.5	9.2	0.0		90.4	2.6	7.1	0.0		1.22 ±0.60	1.17 ±0.53
freedom to make decisions	81.7	6.3	12.0	0.0		82.7	5.1	12.2	0.0		1.30 ±0.67	1.29 ±0.67
personal autonomy	83.1	7.0	8.5	1.4		85.2	5.8	7.7	1.3		1.24 ±0.60	1.22 ±0.57
freedom to use own judgment	90.1	1.4	8.5	0.0		81.4	5.1	13.5	0.0		1.18 ±0.57	1.32 ±0.70
opportunity to do socially significant tasks	67.4	13.5	10.6	8.5		64.7	12.8	13.5	9.0		1.38 ±0.69	1.44 ±0.74
opportunity to improve health of others	73.8	12.8	7.1	6.4		86.5	4.5	5.8	3.2		1.29 ±0.60	1.67 ±0.51

Table 29: (cont.)

item	male					female					mean scores	
	S	?	D	NA		S	?	D	NA		male	female
	— % —					— % —					mean s.d.	mean s.d.
opportunity to improve appearance or comfort of others	72.3	8.5	9.9	9.2		79.4	8.4	6.5	5.8		1.31 ±0.66	1.23 ±0.56
opportunity to help others find success or happiness	74.5	9.9	10.6	5.0		77.6	9.6	7.1	5.8		1.33 ±0.67	1.25 ±0.58

Table 30: Agreement-disagreement responses on role conflict items

items	group	mean	s.d. ¹	strongly disagree					strongly agree		
				disagree	uncertain	agree	strongly agree				
				%							
I have enough time to complete my work.	male	3.48 ± 1.13		4.2	24.5	3.5	54.5	13.3			
	female	3.07 ± 1.21		9.7	32.9	5.2	45.2	7.1			
I perform tasks that are too easy or too boring.	male	2.54 ± 1.12		14.7	49.0	7.0	26.6	2.8			
	female	2.54 ± 1.04		13.5	46.8	12.8	26.3	0.6			
I have to do things that should be done differently.	male	3.03 ± 1.17		7.0	38.0	7.7	39.4	7.7			
	female	2.96 ± 1.05		4.5	39.6	14.3	38.3	3.2			
I am able to act the same regardless of the group I am with.	male	3.15 ± 1.17		6.3	33.1	9.9	40.8	9.9			
	female	3.12 ± 1.11		5.2	34.8	9.0	45.2	5.8			
I work under incompatible policies and incompatible guidelines.	male	2.26 ± 1.11		24.5	47.6	9.8	14.0	4.2			
	female	2.31 ± 1.11		21.4	50.6	8.4	14.9	4.5			
I receive assignments without the manpower to complete them.	male	2.60 ± 1.18		14.0	48.3	9.8	20.3	7.7			
	female	2.51 ± 1.07		10.9	55.8	7.7	22.4	3.2			
I have to buck rules or policies in order to carry out an assignment.	male	4.21 ± 0.66		15.4	49.0	9.8	23.8	2.1			
	female	4.23 ± 0.49*		14.8	61.9	9.0	13.5	0.6			

¹Scale = 1, strongly disagree to 5, strongly agree.

* Indicates difference between means ($P \leq .05$).

Table 30: (cont.)

items	group	mean	s.d.	strongly disagree				strongly agree	
				disagree	uncertain	agree	strongly agree		
%									
I receive assignments that are within my training and capabilities.	male	4.21 ± 0.66		1.4	0.7	2.8	65.5	29.6	
	female	4.23 ± 0.49		0.0	0.6	1.3	72.9	25.2	
I have just the right amount of work to do.	male	2.75 ± 0.98		5.6	44.4	21.8	26.1	2.1	
	female	2.76 ± 1.04		9.6	39.1	18.6	31.4	1.3	
I work with two or more groups who operate quite differently.	male	3.41 ± 1.12		3.5	26.6	8.4	49.0	12.6	
	female	3.30 ± 1.13		4.5	29.7	6.5	49.7	9.7	
I receive incompatible requests from two or more people.	male	2.94 ± 1.13		4.2	46.9	6.3	35.7	7.0	
	female	2.81 ± 1.10		7.1	47.1	6.5	36.1	3.2	
I do things that are apt to be accepted by one person and not accepted by others.	male	3.34 ± 1.10		2.8	30.8	5.6	51.0	9.8	
	female	3.21 ± 1.08		5.2	29.0	9.7	51.6	4.5	
I receive an assignment without adequate resources and materials to execute it.	male	2.41 ± 1.09		14.0	58.0	7.7	14.0	6.3	
	female	2.42 ± 1.02		11.0	60.6	7.7	18.8	3.9	
I work on unnecessary things.	male	2.56 ± 1.14		14.0	48.3	11.9	19.6	6.3	
	female	2.58 ± 0.97		6.4	55.1	14.7	21.8	1.9	
I perform work that suits my values.	male	3.68 ± 0.92		2.1	13.3	11.2	61.5	11.9	
	female	3.81 ± 0.75		0.6	8.3	10.3	70.5	10.3	

Table 31: Agreement-disagreement responses on role ambiguity items

items	group	mean	s.d. ¹	strongly disagree					strongly agree				
				disagree	uncertain	agree	strongly agree						
%													
I feel certain about how much authority I have.	male	3.87 ± 0.88		2.1	7.7	9.8	61.5	18.9					
	female	3.82 ± 0.94		1.3	12.8	8.3	57.7	19.9					
Clear, planned goals and objectives characterize my job.	male	3.58 ± 1.05		3.5	17.5	11.2	53.1	14.7					
	female	3.58 ± 0.96		1.3	17.0	15.7	53.6	12.4					
There is a lack of policies and guidelines to help me.	male	2.45 ± 1.10		14.8	52.8	10.6	16.2	5.6					
	female	2.39 ± 1.07		16.8	52.9	6.5	21.9	1.9					
I am corrected or rewarded when I really don't expect it.	male	2.51 ± 0.93		7.0	57.3	14.0	21.0	0.7					
	female	2.63 ± 1.01		5.8	55.5	11.6	23.9	3.2					
I know what my responsibilities are.	male	4.20 ± 0.70		0.7	2.1	5.6	60.1	31.5					
	female	4.11 ± 0.69		0.0	4.5	5.1	65.4	25.0					
I have to "feel my way" in performing my duties.	male	2.39 ± 1.04		14.7	56.6	5.6	21.0	2.1					
	female	2.44 ± 1.08		15.5	52.3	8.4	20.6	3.2					
I feel certain about how I will be evaluated for a raise or promotion.	male	3.62 ± 0.99		5.6	7.0	19.7	54.9	12.7					
	female	3.51 ± 1.03		6.5	11.6	16.8	56.1	9.0					
I know that I have divided my time properly.	male	3.48 ± 0.93		0.7	18.9	22.4	48.3	9.8					
	female	3.46 ± 0.87		0.6	17.3	23.7	52.6	5.8					

¹Scale = 1, strongly disagree to 5, strongly agree.

Table 31: (cont.)

items	group	mean	s.d.	strongly disagree					strongly agree
				disagree	uncertain	agree	strongly agree		
%									
I know exactly what is expected of me.	male	3.67 ± 0.92		1.4	11.9	19.6	52.4	14.7	
	female	3.54 ± 0.99		3.2	14.1	19.9	50.6	12.2	
I am uncertain as to how my job is related to other hospital tasks.	male	2.25 ± 1.06		21.1	54.9	4.2	16.9	2.8	
	female	2.13 ± 1.09		29.0	49.7	3.9	14.2	3.2	
I am told how well I am doing.	male	3.48 ± 1.04		5.6	16.1	11.9	58.0	8.4	
	female	3.31 ± 1.20		7.7	25.6	6.4	48.1	12.2	
I receive clear explanations of what has to be done.	male	3.24 ± 1.05		2.8	30.1	14.0	46.2	7.0	
	female	3.15 ± 1.12		6.4	28.8	16.0	41.0	7.7	
I have to work under vague directions or orders.	male	2.68 ± 1.16		14.0	41.3	12.6	27.3	4.9	
	female	2.66 ± 1.11		14.1	39.7	14.1	30.1	1.9	
I do not know if my work will be acceptable to my boss.	male	2.42 ± 1.04		14.0	53.1	14.0	14.7	4.2	
	female	2.37 ± 1.06		17.9	50.6	9.6	19.9	1.9	

Table 32: Career strategy preferences of male and female hospital food-service administrators

strategy	male	female	χ^2
	%	%	
strategy A:			
any specialization, present organization			
highly favorable	30.7	22.8	2.82
somewhat favorable	30.0	30.2	
neutral	15.7	17.4	
somewhat unfavorable	15.0	19.5	
highly unfavorable	8.6	10.1	
strategy B:			
any specialization, any organization			
highly favorable	19.6	20.1	3.60
somewhat favorable	30.4	21.5	
neutral	16.7	17.4	
somewhat unfavorable	19.6	22.1	
highly unfavorable	13.8	18.8	
strategy C:			
present specialization, any organization			
highly favorable	24.5	26.4	2.30
somewhat favorable	33.8	29.7	
neutral	22.3	18.2	
somewhat unfavorable	13.7	18.2	
highly unfavorable	5.8	7.4	
strategy D:			
present specialization, present organization			
highly favorable	12.2	18.8	6.45
somewhat favorable	15.8	23.5	
neutral	18.7	16.1	
somewhat unfavorable	23.0	18.1	
highly unfavorable	30.2	23.5	

¹All values nonsignificant.

Table 33: Summary of F values for multivariate analyses of scores using society membership, size of hospital, and age

score	comparison	d.f.	F ratio
job dimensions	society (soc)	1	0.75
	size of hospital (size)	2	3.26*
	age	3	3.69*
	soc × size	2	0.38
	soc × age	3	1.29
	size × age	6	0.80
role conflict	society (soc)	1	4.91*
	size of hospital (size)	2	0.77
	age	3	4.96*
	soc × size	2	0.01
	soc × age	3	1.72
	size × age	6	0.97
role ambiguity	society (soc)	1	2.20
	size of hospital (size)	2	4.13*
	age	3	2.45
	soc × size	2	0.32
	soc × age	3	0.83
	size × age	6	1.34
organization identification	society (soc)	1	0.07
	size of hospital (size)	2	3.79*
	age	3	1.52
	soc × size	2	0.53
	soc × age	3	1.35
	size × age	6	0.68
foodservice goal emphasis	society (soc)	1	0.00
	size of hospital (size)	2	4.90*
	age	3	0.63
	soc × size	2	1.26
	soc × age	3	2.00
	size × age	6	0.92
patient care goal emphasis	society (soc)	1	0.64
	size of hospital (size)	2	1.25
	age	3	1.08
	soc × size	2	0.51
	soc × age	3	2.70*
	size × age	6	0.91

* $P \leq .05$

Table 33: (cont.)

score	comparison	d.f.	F ratio
professional orientation	society (soc)	1	1.76
	size of hospital (size)	2	0.11
	age	3	0.62
	soc \times size	2	0.88
	soc \times age	3	0.97
	size \times age	6	0.75
Strategy A	society (soc)	1	1.47
	size of hospital (size)	2	1.10
	age	3	3.25*
	soc \times size	2	1.13
	soc \times age	3	2.19
	size \times age	6	0.31
Strategy B	society (soc)	1	1.77
	size of hospital (size)	2	1.95
	age	3	1.88
	soc \times size	2	1.23
	soc \times age	3	2.44
	size \times age	6	0.25
Strategy C	society (soc)	1	0.00
	size of hospital (size)	2	1.85
	age	3	0.23
	soc \times size	2	0.16
	soc \times age	3	0.63
	size \times age	6	0.62
Strategy D	society (soc)	1	11.97*
	size of hospital (size)	2	0.67
	age	3	2.04
	soc \times size	2	0.85
	soc \times age	3	0.63
	size \times age	6	0.48

MALE AND FEMALE HOSPITAL FOODSERVICE ADMINISTRATORS:
JOB SATISFACTION, ROLE CONFLICT AND AMBIGUITY AND
ORGANIZATIONAL AND PROFESSIONAL IDENTIFICATION

by

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ABSTRACT

The objective of this research was to study job satisfaction, role conflict, role ambiguity, organizational identification, and professional orientation of male and female hospital foodservice administrators. The study sample was selected from membership listings supplied by The American Dietetic Association and the American Society for Hospital Food Service Administrators. This sampling scheme was necessary in order to obtain a large enough sample of both males and females employed in hospital foodservice administrative positions. Total response, from initial and follow-up mailings, was 66 per cent (N = 308; 149 males, 159 females).

As a group, the male administrators were younger, had been employed in their present positions and by their present institutions for shorter periods of time, received significantly higher salaries, and were employed by larger hospitals than were their female counterparts.

Job satisfaction levels for both groups were high. The male administrators showed a slightly, but not significantly higher level of satisfaction than did the female administrators. Autonomy was found to be the most important dimension of satisfaction. In comparison with data from other studies, hospital foodservice administrators experienced high levels of job satisfaction which were comparable to professionals who are generally not employed by organizations (lawyers, physicians, and dentists), while they experienced higher levels of satisfaction than did professionals who are generally employed in organizations (accountants, journalists, and engineers).

Both groups of administrators showed relatively low role conflict and role ambiguity. An inverse relationship existed between job satisfaction and organizational identification and role conflict and role ambiguity.

There was no significant difference found on organizational identification measures, but the male administrators did have a slightly lower level of organizational identification than did the female administrators. This finding was coupled with data indicating that male administrators tended to change positions more often.

Both groups of hospital foodservice administrators had a high concern for the overall welfare and care of patients. Through importance and priority ratings of eight possible hospital foodservice goals, they selected those dealing with patient care as being of a higher level of importance and a greater priority than the goals dealing with the overall management of the foodservice.

Male administrators showed a greater degree of professional involvement than did female administrators. The males attended more professional functions and reported more frequent professional reading than did their female counterparts.

